



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

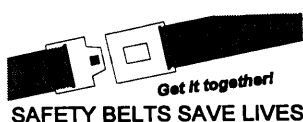
Dear Crash Data Researchers/Users:

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

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

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

*** *** ***



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

TRANSPORTATION RESEARCH CENTER

**Indiana University
Bloomington, Indiana 47403-1599**

REMOTE AIR BAG REPORT

**CASE NO. - 93-09
FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED] PENNSYLVANIA
ACCIDENT DATE - [REDACTED], 1993**

Submitted By:

**[REDACTED]
Senior Staff Associate**

[REDACTED], 1993

Revised Submission:

[REDACTED], 1994

Contract Number: DTNH22-93-A-07485

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

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

1. Report No. TRC/IU Case No. 93-09		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Remote Air Bag Report Fleet - Private Vehicle Location - [REDACTED] Pennsylvania				5. Report Date [REDACTED], 1993; 5/24/94	
				6. Performing Organization Code	
7. Author(s) [REDACTED]				8. Performing Organization Report No. TRC/IU 93-09, Task 0302	
9. Performing Organization Name and Address Indiana University Transportation Research Center [REDACTED] [REDACTED]				10. Work Unit No. (TRAIS)	
				11. Contract or Grant No. DTNH22-93-A-07485	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590				13. Type of Report and Period Covered [REDACTED] 1993	
				14. Sponsoring Agency Code	
15. Supplementary Notes Remote alleged air bag inadvertent deployment report involving a 1991 Volvo 940 station wagon					
16. Abstract <p>This report covers a remote investigation of an alleged air bag inadvertent deployment incident that involved a 1991 Volvo 940 station wagon. The Volvo was starting from a parked position in a parking lot of a country club when it is alleged that the Volvo's driver side air bag inadvertently deployed. The inadvertent deployment was alleged to have occurred just after the Volvo's driver moved the transmission selector lever from "park" to "drive". The driver of the Volvo was not wearing the available, three-point lap and shoulder belt, and the seat was not adjusted for his size. The driver, who was a valet, was moving the Volvo from where it was parked to where its owner was located. The driver's seat position was adjusted for the owner which was closer to the steering wheel than would have been normal for the driver. The driver sustained abrasions/friction burns to his forehead, neck, chest, and shoulders (all AIS-1) as a result of this incident.</p>					
17. Key Words Air Bag Motor Vehicle Traffic Accident Deployment, alleged inadvertent Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 29	
				22. Price	

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TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 93-09

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED] PENNSYLVANIA

Summary

This report concerns a motor vehicle crash involving an air bag equipped 1991 Volvo 940 station wagon occurring on [REDACTED] 1993 at [REDACTED] p.m., in [REDACTED], Pennsylvania in the parking lot of a [REDACTED]

The Volvo was starting in an unknown direction from a parked position in a parking lot when allegedly the Volvo's air bag inadvertently deployed; subsequently, it is alleged, the Volvo rolled forward bumping into two parked vehicles (of unknown make, model, and body types) which were also parked in an unknown direction in the same parking lot. The Volvo came to rest against one of the parked vehicles.

The front of the Volvo impacted an unknown location of an unknown parked vehicle. With no available vehicle photographs, the CDC is not estimable for the Volvo. No reconstruction program was used on this crash.

The 1991 Volvo 940 was equipped with a driver supplemental restraint system (air bag) which allegedly deployed inadvertently as the driver was shifting the transmission selector lever from the "park" position to the "drive" position. The driver of the vehicle (23 year-old male) was not wearing the available active three-point lap and shoulder belt. He sustained abrasions/friction burns to his face, neck, chest, and shoulders. The driver of the Volvo was listed on the Police Incident Report as not sustaining any injury as a result of this incident.

TRC/IU REMOTE AIR BAG REPORT

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED] PENNSYLVANIA
CASE NO. - 93-09

ACCIDENT DATA

Location/Street: Parking lot of a [REDACTED]
City/Township: [REDACTED], [REDACTED] Pennsylvania
Area/Type: Recreational
Accident Date/Time: [REDACTED] 1993 [REDACTED] p.m.
Investigating Police Agency: [REDACTED] Police Department
Accident Type: Station wagon - alleged noncollision
inadvertent deployment
Occupant Injury Severity
(air bag vehicle): Multiple abrasions/friction burns
(AIS-1)

AMBIENT CONDITIONS

Light conditions: Unknown
Weather Condition: Unknown
Precipitation: Unknown
Road Surface: Unknown

ROADWAY

Case Vehicle

Location: Parking lot
Number of Travel Lanes: Not applicable
Surface Type: Unknown
Vertical alignment: Not applicable
Horizontal alignment: Not applicable
Traffic Density: Minor

ROADWAY (CONT'D.)

	<u>Case Vehicle</u>
Speed Limit:	Unknown
Traffic Controls:	None

VEHICLES

	<u>Case Vehicle</u>
Year:	1991
Make:	Volvo
Model:	940
Body Type:	Station wagon
V.I.N.:	YV1JA8752M3-----
Mileage:	Unknown
Securiflex windshield:	None
Windshield damage/source:	Unknown
Fleet:	Private vehicle
Tow status:	Towed
Reported Defects:	Alleged inadvertent air bag deployment

VEHICLE DAMAGE

	<u>Case Vehicle</u>
<u>Deployment Impact</u>	
Object Struck:	Noncollision
Event number:	1
Damage location:	Not applicable
CDC:	Not applicable
Estimated Maximum Crush:	Not applicable
Damage components:	None

VEHICLE DAMAGE (CONT'D.)**Case Vehicle****Deployment Impact**

Repair Estimate: Unknown--According to one of the Volvo's owners, Volvo offered to replace this vehicle with another Volvo. The owners refused to accept another Volvo. Volvo then bought this vehicle from them.

Interior damage: Air bag module

Nondeployment Impact

Event number: 2

Object Struck: Parked cars (Unknown make, model, or body type)

Damage location: Front

CDC: Unknown

Estimated Maximum Crush: Unknown--According to one of the owners and the driver, the damage was very minimal

Damage components: Unknown

Interior damage: Unknown

COLLISION SEQUENCE

According to the driver (a valet at the [REDACTED]), an owner came out to leave and asked for her vehicle. The valet located the case vehicle, got in, started it, powered the driver's side window down to let excess heat out, moved the transmission selector from "park" to "drive", and went about one-half foot when the driver side air bag inadvertently deployed. The driver indicated that he was sitting straight forward with his left arm on the armrest when he engaged the transmission in "drive". The driver also indicated that the driver's seat was "close" to the steering wheel since it was adjusted to the owner. The driver further indicated that the deploying air bag pinned his head back against the headrest.

According to the driver, the deployment "stunned" him, and he indicated that the vehicle moved forward and bumped into two other parked cars and came to rest.

A police accident report was not made since there was no visible damage to any of the vehicles involved; however, an incident report was filed.

COLLISION SEQUENCE (CONT'D.)

According to the driver, he sustained a combination of scrapes and friction burns to his neck, forehead, chest and shoulders. The neck injury was the most severe. In addition, the driver stated that he had a "ringing" sensation in his ears for 3-4 weeks after the deployment.

DRIVER DATA**Case Vehicle**

Age:	23
Sex:	Male
Height:	183 centimeters (72 inches)
Weight:	77 kilograms (170 pounds)
Occupation:	Valet
Active Restraint System/Usage:	3-point lap and shoulder belt/not used
Usage Source:	Driver
Eye glasses/contacts:	Unknown
Vehicle Familiarity:	Unknown
Route Familiarity:	Daily
Trip Plan:	Move vehicle from its parked position to its owner
Manner of Leaving Scene:	Driven by friend
Type of Medical Treatment:	Treatment later at a [REDACTED]

DRIVER INJURIES

<u>Injury</u>	<u>Severity (AIS)</u>	<u>Source</u>
Abrasions forehead	290202.1,7	Air bag
Abrasions neck	390202.1,9	Air bag
Abrasions chest	490202.1,9	Air bag
Abrasions shoulders	790202.1,3	Air bag

ALTERNATIVE SCENARIO

In our opinion there exists another scenario which could explain this incident. The basic facts are as follows:

- o The driver was not seated in a position that was comfortable for his height (i.e., closer to steering wheel than his arm and leg lengths would require)
- o The air bag deployed
- o The Volvo struck at least one parked car
- o The Volvo sustained very little, if any, residual damage

In our opinion it is entirely possible that the driver accidentally lost control of the case vehicle and struck a parked car with an impact speed of between 6-8 k.p.h. (4-5 m.p.h.) causing the driver side supplemental restraint system (air bag) to deploy. There are published reports of air bag deployments in late model Volvo vehicles involving minor severity crashes [e.g., no residual bumper crush, Longitudinal Delta V estimates of 8-11 k.p.h. (5-7 m.p.h.)]. According to a local Volvo dealership, this Volvo (1991 model year) uses an 8 k.p.h. (5 m.p.h.) front bumper. The combination of: (1) a driver loss-of-control, (2) a low deployment threshold, and (3) a "5-mph" bumper, could have produced results identical to those that are alleged to have occurred.

Appendix A:

Auto Safety Hotline Notification

14:38

USDOT/NHTSA/NCSA

001

OPTIONAL FORM NO. 7-88

FAX TRANSMITTAL

2 of pages

Appendix: OMB No. 2132-0008

US DEPARTMENT of Transportation National Highway Traffic Safety Administration		To: [REDACTED] Dept./Agency: [REDACTED] Fax to: [REDACTED] NSN 7540-01-317-7285 5010-101 GENERAL SERVICES ADMINISTRATION		From: [REDACTED] From: [REDACTED] From: [REDACTED]		RE ONLY DATE RECEIVED [REDACTED] ed_or [REDACTED] rt_at [REDACTED] ed_rt [REDACTED] up_fr [REDACTED]	
VEHICLE INFORMATION (TYPE OR PRINT)							
NAME and ADDRESS [REDACTED]						TELEPHONE NO. (AREA CODE) [REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/> In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.							
SIGNATURE OF OWNER						DATE	
VEHICLE INFORMATION							
VEHICLE IDENTIFICATION NO.*				VEHICLE MAKE VOLVO		VEHICLE MODEL 940	
						MODEL YEAR 1991	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE							
CURRENT ODOMETER READING		DATE PURCHASED		DEALER'S NAME, CITY, & STATE		ENGINE SIZE (DISPL.)	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
		<input type="checkbox"/> NEW <input type="checkbox"/> USED				NO. CYLINDERS <input type="checkbox"/> TURBO DIESEL GAS FUEL INJECTION	
TRANSMISSION TYPE		ANTI LOCK BRAKES		RESTRAINT SYSTEM		CRUISE CONTROL	
<input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DRIVER SIDE AIR BAG <input type="checkbox"/> MOTOR BELT <input type="checkbox"/> PASSENGER SIDE AIR BAG <input type="checkbox"/> 2-POINT BELT <input type="checkbox"/> 3-POINT BELT		<input type="checkbox"/> YES <input type="checkbox"/> NO	
						DRIVE TRAIN <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL	
						BODY STYLE STATION WAGON <input type="checkbox"/> HATCH BACK <input type="checkbox"/> 4 DR <input type="checkbox"/> VAN <input type="checkbox"/> 2 DR <input type="checkbox"/> PICK UP TRUCK <input type="checkbox"/> OTHER <input type="checkbox"/>	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIME INFORMATION ON BACK)							
COMPONENT 12110000		PART NAME(S)		LOCATION		FAILED PART(S)	
				<input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR		<input type="checkbox"/> ORIGINAL REPLACEMENT	
NO. OF FAILURES		DATE(S) OF FAILURE(S) [REDACTED]				MANUFACTURER CONTACTED	
		MILEAGE AT FAILURE(S) 21000				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		VEHICLE SPEED AT FAILURE(S)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICABLE ACCIDENT INFORMATION							
ACCIDENT <i>NO</i>		FIRE <i>NO</i>		NUMBER PERSONS INJURED		NUMBER OF FATALITIES	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		1		0	
						PROPERTY DAMAGE <i>NO</i> EST'S	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)							
DEPLOYMENT OF AIR BAG WHEN STARTING VEHICLE (NO IMPACT INVOLVED) BURNS, CUTS ON FACE AND NECK TT							
CONTINUE ON BACK IF NEEDED							
The Privacy Act of 1974 Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.							

Appendix B:

Police Incident Report

CHANGE

POLICE INFORMATION
Maintain Incident Information

Incident ID: [REDACTED] Segment...: AC ACTIVITY
Type.....: Occur.....: [REDACTED]
Name.....:

Activity Information

Location...: [REDACTED] COUNTRY CLUB EX Zone/Sector...: [REDACTED]
Activity...: ACCN ACC NO RPT Priority...: Disposition...: NOAC NO ACTION
 Received Dispatched Arrived Cleared
Date.....: [REDACTED] 93 [REDACTED] 93 [REDACTED] 93 [REDACTED] 93
Time.....: [REDACTED]
Complainant...: [REDACTED] Call Received: PHON PHONE
Comp Loc.....: [REDACTED] MU Phon: [REDACTED] RcdBy: [REDACTED]
Weather: [REDACTED]
Off Assn.....: [REDACTED] Primary Unit.: [REDACTED]
Off Assn.....: Backup Units.:
Remarks.....: See: PP
Description...: [REDACTED] was parking cars at [REDACTED] Country Club. He got into
a Volvo station wagon, started it, and the air bag blew up. Just wanted some
sort of report made. This took place about 1545 hours in the parking lot.

Active Keys - HELP CMD3 CMD5 CMD7 CMD8 CMD10

Appendix C:

NASS CDS Accident Form



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

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9309

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) 11/19/93

5. Time of Accident

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

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

6. SS14 Fatal AOPS

7. SS15 Administrative Use

8. SS16

9. SS17

10. SS18

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 02

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

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

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>03</u>	15. <u>N</u>	16. <u>38</u>	17. <u>00</u>	18. <u>N</u>
19. <u>02</u>	20. <u>01</u>	21. <u>03</u>	22. <u>F</u>	23. <u>02</u>	24. <u>09</u>	25. <u>9</u>
26. <u>03</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>04</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

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

Appendix D:

NASS CDS General Vehicle Form:

Case Vehicle



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9309

3. Vehicle Number

01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

91

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

5. Vehicle Make (specify):

51

VOLVO

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

6. Vehicle Model (specify):

040

940 WAGON

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

7. Body Type

06

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

8. Vehicle Identification Number

YV1IA8752M3 [REDACTED]

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

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

9

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

10. Police Reported Travel Speed

999

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

___ mph X 1.6093 = ___ kph

11. Police Reported Alcohol Presence

7

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

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

12. Alcohol Test Result For Driver

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: _____

ACCIDENT RELATED

13. Speed Limit

999

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

___ mph X 1.6093 = ___ kph

14. Attempted Avoidance Maneuver

01

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

(99) Unknown

15. Accident Type

00

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

(99) Unknown

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

OCCUPANT RELATED

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

24. Rollover 0
 (0) No rollover (no overturning)
- Rollover (primarily about the longitudinal axis)*
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

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

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1420
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
- 3136 lbs X .4536 = 1422 kgs
- Source: _____

20. Vehicle Cargo Weight 9990
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
- _____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

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

 (9) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 9
26. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

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

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

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

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

27. Heading Angle For This Vehicle 999
28. Heading Angle For Other Vehicle 999

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

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

Delta V Not Calculated

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

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

999

____ Nearest kph _____

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

31. Longitudinal Component of
Delta V+ 999

____ Nearest kph _____

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

32. Lateral Component of Delta V

Secondary Highest

+ 099

____ Nearest kph _____

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

33. Energy Absorption

999.9 00

____ Nearest 100 joules _____

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

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

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

35. Type of Vehicle Inspection

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

36. Is this an AOPS Vehicle?

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

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

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

37. Police Reported Other Drug Presence 7

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

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 0

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

39. Other Drug Specimen Test Type For Driver 0

- (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):

 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</u>

Codes For DEC Test Results

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

Codes for Specimen Test Results

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

OTHER DATA

56. Driver's Zip Code

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

57. Driver's Race/Ethnic Origin

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

58. Vehicle Special Use (This Trip)

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

ROLLOVER DATA

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

59. Rollover Initiation Type

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

60. Location of Rollover Initiation

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

61. Rollover Initiation Object Contacted

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

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

63. Direction of Initial Roll

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

PRECRASH DATA

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

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

PRECRASH DATA (Continued)

65. Critical Precrash Event 04*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): AIR bag deployment
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

Object or Animal

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

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

(99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)66. Precrash Stability After Avoidance Maneuver 0

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

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 0

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

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

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

Appendix E:

NASS CDS Interview Form:

Case Vehicle Driver



INTERVIEW FORM (A)

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>Owners of</u>
2. Case Number - Stratum <u>9309</u>	<u>vehicle and driver</u>
3. Vehicle Number <u>01</u>	

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

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

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

91 Volvo WAGON.

At my [redacted] called valet to get car
someone came running the valet
started car put in drive bag deployed
went and hit a couple cars very minor damage.

Volvo Tech said that impact did not
cause deployment. TOOK CAR said they would
fix and resell gave them a new Volvo but they
later returned and got a Chevrolet Suburban
AFRAID of Airbag equip vehs

unknown if photos

insurance co never looked, car was leased. thru

MGR [redacted] of [redacted]

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

↓

[redacted] - VALET

↓

Hearing problems - Ringing
NECK, face, cuts
Jelly shaken up
Burns on ARMS

wanted my NAME + TX #
wants call back on what
happens or comes of this case



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

INTERVIEW FORM (B)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>owners of</u>
2. Case Number - Stratum <u>9309</u>	<u>vehicle and driver at</u>
3. Vehicle Number <u>01</u>	<u>time of deployment</u>

ACCIDENT DATA QUESTIONS

<p>1. Can you tell me in <u>which direction you were traveling?</u></p> <p><input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>(Optional - Where were you coming from or going to? <u>leaving pkg space</u></p> <p>2. <u>In which lane were you traveling?</u> (Note: Lane 1 is designated as the right curb lane.)</p> <p>[1] [2] [3] [4] [<input checked="" type="checkbox"/> Other (specify): <u>leaving parking space</u></p> <p>3. Can you remember your <u>estimated travel speed</u> (in miles per hour) before the accident?</p> <p><input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70+</p> <p>4. Just before the accident, can you tell me what you were intending to do or were doing?</p> <p><input type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> slowing <input checked="" type="checkbox"/> Accelerating <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Changing lanes to left <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Backing <input type="checkbox"/> Other (specify): _____</p> <p>5. Did you experience any <u>loss of control</u> due to weather conditions or mechanical problems?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, describe below) <u>Airbag deployment</u> <u>stunned me</u></p> <p>6. Did you have to take any <u>avoidance actions</u> prior to the accident?</p> <p><input checked="" type="checkbox"/> No - Go to question 7 <input type="checkbox"/> Yes - Go to question 6a</p>	<p>6a. <u>What actions did you take?</u></p> <p><input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Accelerating <input type="checkbox"/> Steering left <input type="checkbox"/> Steering right <input type="checkbox"/> Other (specify): _____</p> <p>7. <u>Where was your vehicle at the time of the collision?</u></p> <p><input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): <u>PARKING LOT</u></p> <p>8. Was your <u>travel speed at the time of the collision</u> different from your previous travel speed?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Lower <input type="checkbox"/> higher <input checked="" type="checkbox"/> Unknown</p> <p>8a. <u>Can you estimate your speed at the time of the collision?</u></p> <p><input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70+</p> <p>9. Immediately following the collision, can you describe <u>how your vehicle moved to its stopped position?</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?</p> <p><u>one collision hitting</u> <u>two parked vehicles.</u></p>
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National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 2

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9309

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS

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

1991 Volvo 740 wagon
 Year Make Model

2. Can you describe the damage to your vehicle?

steering wheel / Airbag

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

☒ No☐ Yes (If "Yes", describe below)

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

☒ No☐ Yes (If "Yes", describe below)

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

☒ No☐ Yes (If "Yes", describe below)

6. Does your vehicle have a glove compartment?

☐ No☒ Yes

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

☒ No☐ Yes☐ Unknown

7. Does your vehicle have "seat belts"?

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

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

Driver's seat ☐ Lap ☒ Lap and shoulderFront seat middle ☐ Lap ☐ Lap and shoulderFront seat right ☐ Lap ☒ Lap and shoulderRear seat left ☐ Lap ☒ Lap and shoulderRear seat middle ☒ Lap ☐ Lap and shoulderRear seat right ☐ Lap ☒ Lap and shoulder

(Identify seat belts for third row and beyond)

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

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

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

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

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

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

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

☐ No☐ Yes☐ Unknown

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

☒ No (go to question 10)☐ Yes

9a. Does this belt come across the _____?

☐ Chest only☐ Lap and chest

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

☐ No☐ Yes☐ Unknown

AIR BAGS

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

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

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

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

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 3

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9309

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

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

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

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

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

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

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

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

☒ No (If "No" describe below)went off prematurely☐ Yes☐ Unknown

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

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

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

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

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

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

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

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

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

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

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

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

CHILD SAFETY SEAT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Harness☐ Shield☐ Tether strap

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

National Accident Sampling System-Crashworthiness Data System: Interview Form

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1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9309 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

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

- ☐ Yes
 (specify _____)
☐ No
☐ Unknown

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

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

OPTIONAL

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

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

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

- ☐ No
☐ Yes

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

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

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

_____ lbs.

Cargo description

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

_____ miles

DRIVER ONLY

17. What race do you consider yourself?

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

18. Are you of hispanic origin?

- ☒ No
☐ Yes

National Accident Sampling System-Crashworthiness Data System: Interview Form

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1. Primary Sampling Unit Number

10

3. Vehicle Number

5

2. Case Number - Stratum

9309

4. Occupant Number

01

OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?

☒ No (If "No", go to question 4)☐ Yes (If "Yes", specify number in question 2 below and then go to question 3)☐ Unknown

2. How many?

☐ [1] One other person☐ [2] Two other persons☐ [3] Three other persons☐ [4] Four other persons☐ [5] Five other persons☐ [6] Six other persons☐ [7] Seven or more other persons

(specify number:)

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

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

OCCUPANT CHARACTERISTICS

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

Height 5'11 1/2 Weight 170 Age 23Sex: ☒ Male ☐ Female

OCCUPANT POSTURE

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

straight up - driver seat
moved up close

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

Flat on floor and
brake / Gas Pedal

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

(L) Arm on armrest (R)
Arm on steering wheel

5c. Was your (his/her) back resting against the seat back rest?

☐ No (If "No", describe the position)☒ Yes☐ Unknown

5d. Were you (Was he/she)

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

OCCUPANT EJECTION

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

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

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

☐ No☐ Yes (Describe:)

OCCUPANT RESTRAINT

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

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

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

☐ Lap belt?☐ Lap and Shoulder belt?☐ Shoulder belt?

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

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

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

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

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

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

OCCUPANT ENTRAPMENT

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

☐ No☒ Yes (If "Yes", describe)momentarily between
AIRBAG - HEAD Rest☐ UnknownStarted car up, rolled down windows
& ARM ON ARMREST moved forward 1/2 foot.

National Accident Sampling System-Crashworthiness Data System: Interview Form

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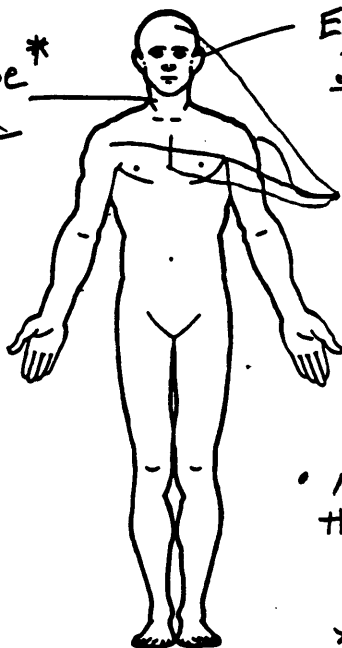
PSU Number 10 Case Number-Stratum 9309 Vehicle Number 01 Occupant Number 01

INJURY DATA FROM INTERVIEWEE(S)

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

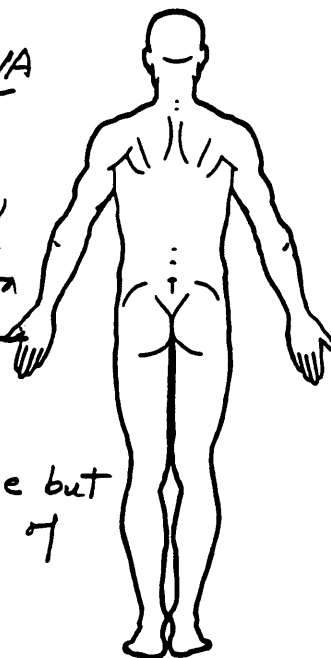
SOFT TISSUE/INTERNAL INJURIES

3" Scrape*
on neck
air bag.



Ears ringing for
3-4 weeks PMVA
air bag

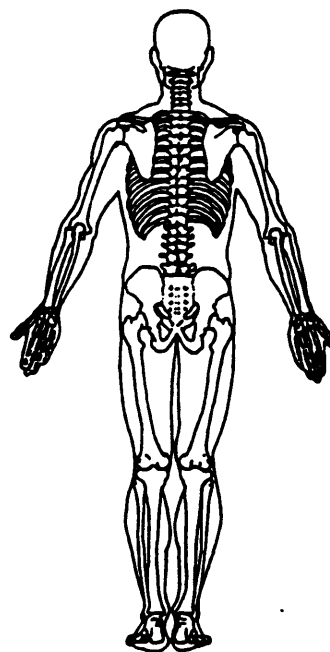
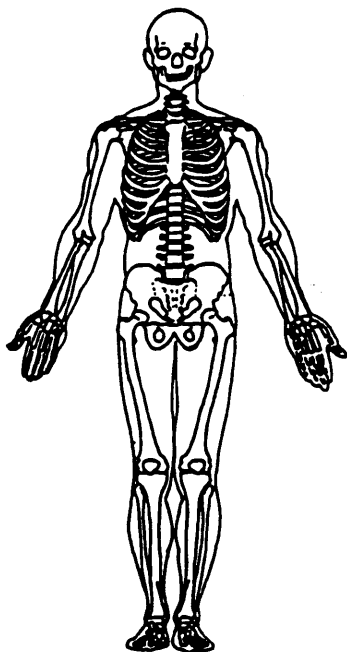
Scrapes forehead,
shoulders, and
chest (unknown
location)
air bag



• No burns per se but
think combination of
scrape + burn

* worst scrape

SKELETAL INJURIES



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

National Accident Sampling System-Crashworthiness Data System: Interview Form

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1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9301

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?

☐ No (If "No", go to next occupant. Stop if no other occupant.)

☒ Yes (If "Yes", complete Occupant Injury Questions)

☐ Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

☐ No (go to question 3)

☒ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)

☐ Unknown

2a. Do you know what caused your (his/her) injury(s)?

☐ No

☒ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)

☐ Unknown

3. Did you (he/she) experience any broken bones?

☒ No (If "No", go to question 4)

☐ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)

☐ Unknown

3a. Do you know what caused the injury(s)?

☐ No

☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)

☐ Unknown

4. Did you (he/she) injure your (his/her) head?

☒ No (If "No", go to question 5)

☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)

☐ Unknown

4a. Do you know what caused the injury(s)?

☐ No

☐ Yes (If "Yes", specify the component(s) on the manikin(s).)

☐ Unknown

5. Were any of your (his/her) internal organs injured?

☐ No (If "No", go to question 6)

☒ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)

☐ Unknown

5a. Do you know what caused this injury?

☐ No

☒ Yes (If "Yes", specify the component(s) on the manikin(s).)

☐ Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

☒ No (If "No", go to question 7)

☐ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)

☐ Unknown

6a. Do you know what caused the injury(s)?

☐ No

☐ Yes (If "Yes", specify the component(s) on the manikin(s).)

☐ Unknown

7. Did you (he/she) receive treatment for your (his/her) injury(s)?

☐ No (If "No", go to question 8)

☒ Yes (If "Yes", go to question 7a)

7a. Were you (Was he/she) treated by:

☐ Hospital/trauma center? (specify hospital name):

☒ Medical clinic

☐ Out patient surgery? (specify medical facility):

☐ Paramedics or first aid at the scene?

☐ A doctor in his/her office?

☐ Treated at home?

☐ None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

☐ No (If "No", go to question 7c.)

☒ Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

☒ No (If "No", give an explanation)

☐ Yes (If "Yes", go to question 7d.)

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

0 days

EARS
RING

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 8

1. Primary Sampling Unit Number

10

3. Vehicle Number

61

2. Case Number - Stratum

9309

4. Occupant Number

21

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

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

☐ No☐ Yes (If "Yes", describe:)

☐ Unknown

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

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

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

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

Appendix F:

NASS CDS Occupant Assessment Form:

Case Vehicle Driver



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

OCCUPANT ASSESSMENT FORM

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

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9309

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

23

Code actual age at time of accident.

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

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

183

Code actual height to the nearest
centimeter.

(999) Unknown

72 inches X 2.54 = _____ centimeters

8. Occupant's Weight

077

Code actual weight to the nearest
kilogram.

(999) Unknown

170 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

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

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

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

(5) Sitting on a console

(6) Lying back in a reclined seat position

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

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection ①

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

13. Ejection Area ①

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

14. Ejection Medium ①

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

15. Medium Status (Immediately Prior To Impact) ①

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

16. Entrapment ①

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

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

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

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

Integral Belt Partially Destroyed

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

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 00

- (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 0

- (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 0

- (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 2

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

23. Are There Indications of Air Bag System Failure? 9

- (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 1

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

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

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

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

(9) Unknown

26. Seat Type (this Occupant Position)

99

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

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

(99) Unknown

27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat

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

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

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

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

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

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

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

(00) No child safety seat

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

(02) After market harness/shield/tether used

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

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

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

Page 6

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 9

- (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 6

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

Nonfatal

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

36. Type Of Medical Facility (for Initial Treatment) 3

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

37. Hospital Stay 00

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

38. Working Days Lost 99

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

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

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

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

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

(99) Unknown

43. Number of Recorded Injuries for This Occupant 04

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

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

Page 7

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) 9

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown

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

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 02

- (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) - HCO₃ 01

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

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [✓] YES []

UPDATE CANDIDATE?

Attorney refusal!
NO [✓] YES []

Appendix G:

NASS CDS Occupant Injury Form:

Case Vehicle Driver



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

OCCUPANT INJURY FORM

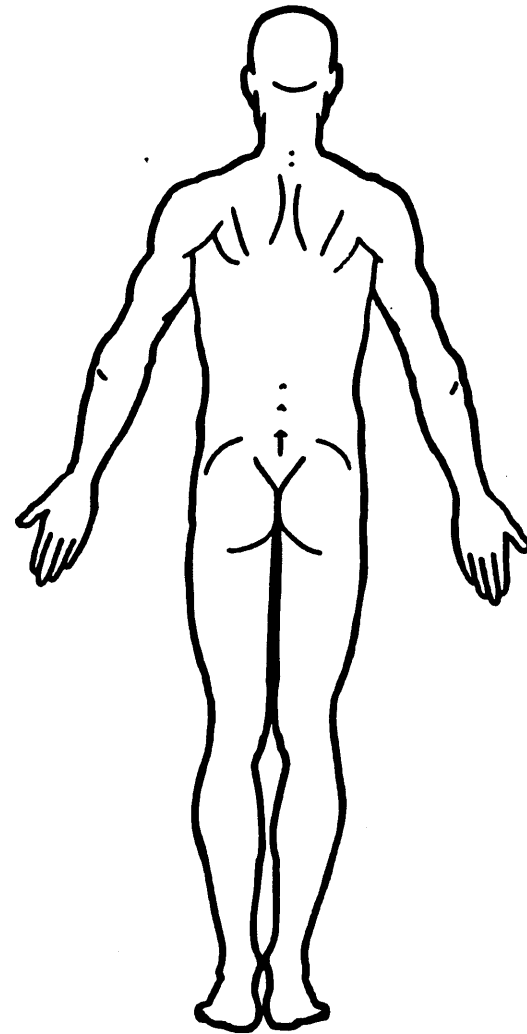
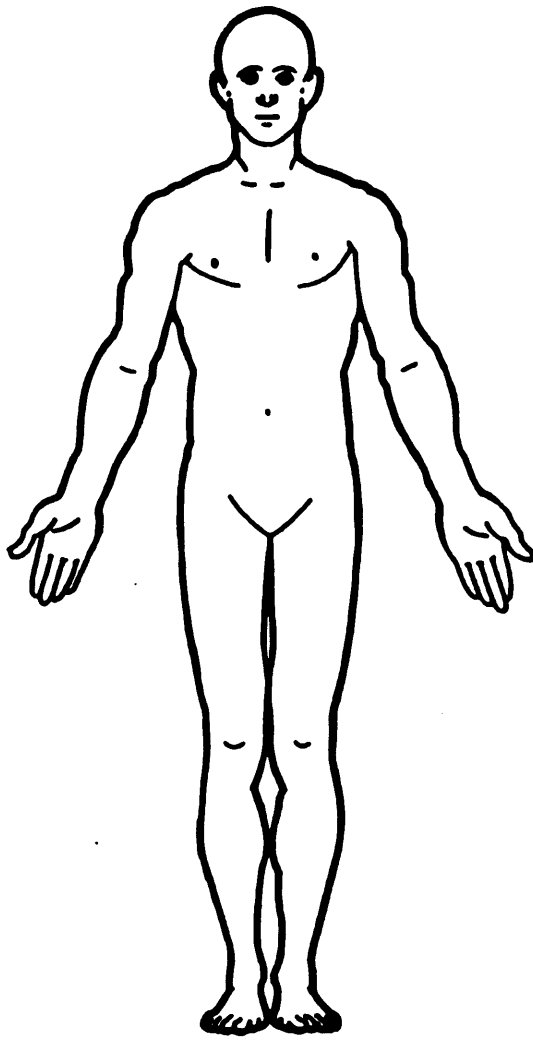
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u> 2. Case Number - Stratum <u>9309</u>	3. Vehicle Number <u>01</u> 4. Occupant Number <u>01</u>
---	---

INJURY DATA											
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.											
Source of Injury Data	O.I.C.-A.I.S.						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>7</u>	12. <u>45</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>7</u>	17. <u>3</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>9</u>	23. <u>45</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>7</u>	28. <u>4</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>9</u>	34. <u>45</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>7</u>	39. <u>7</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>3</u>	45. <u>45</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☐ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

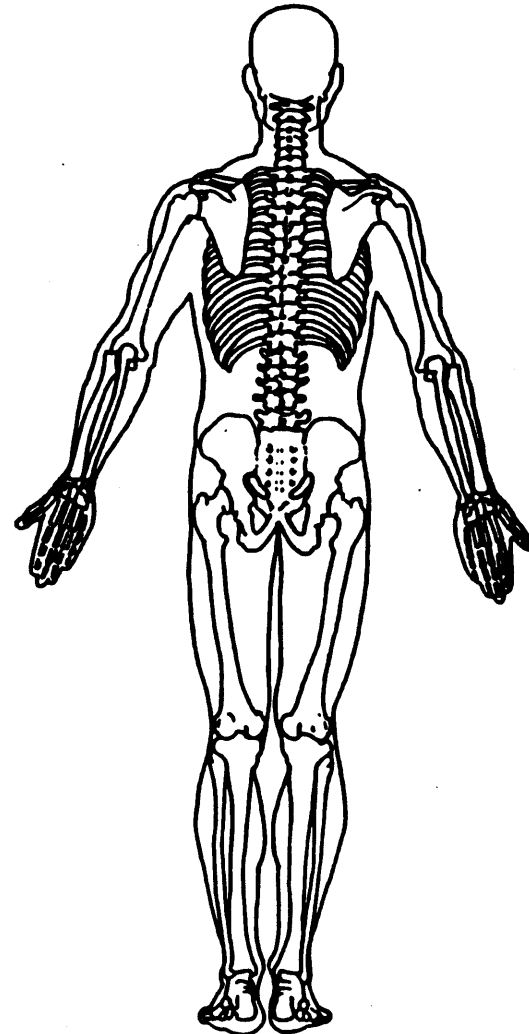
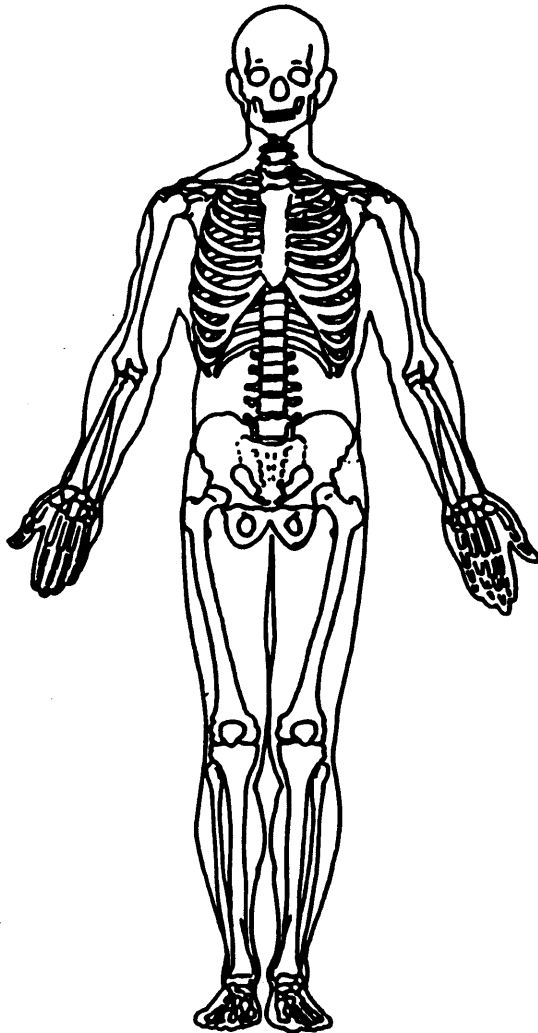
pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

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



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.)

