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

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

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

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

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

*** *** ***

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Case DSI-93-AB-012

[redacted] 1993

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CASE NUMBER: DSI-93-AB-012

[redacted]

This single vehicle accident occurred during the evening hours of a summer day in the state of Rhode Island on a two-lane road. It was raining at the time of the collision. The bituminous roadway was curved to the right and had a downhill grade.

Vehicle 1, a 1991 Ford Crown Victoria S, was being driven by a 25 year old male at a speed estimated as 60 KPH (37 MPH). The driver was responding to a police call. The driver was wearing the available 3-point manual lap/shoulder belts.

As the driver approached the curve he applied his brakes. The brakes locked up and caused the vehicle to slide at a slight angle across the curve in the roadway. The vehicle exited the roadway, slid up a gradual embankment, and travelled approximately 8 m (25 ft), and struck a stand of trees. The SRS deployed at this time. Vehicle 1 rotated slightly in a clockwise direction and struck a tree with its left side.

The driver of Vehicle 1 reported some swelling to his face and severe pain and ringing in his left ear--both as a result of contact with the airbag. The driver was transported from the scene by EMS personnel, treated, and released five hours later. Since the time of the collision the driver reports that he continues to suffer from ear aches. Subsequent to the accident, the driver suffered a perilymph fistula which caused nausea and a loss of balance. The driver is currently under doctor's care.

Vehicle 1 sustained moderate damage and was towed from the scene.

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

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

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-92-AB-012

TABLE OF CONTENTS

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-AB-12

ACCIDENT DATA:

Location:	Phode Island
Area/Type:	Rural/Semi-wooded
Date/Time:	[redacted]93
Accident Type:	Vehicle/Fixed Object (trees)

INJURY SEVERITY:

Vehicle 1:	Driver, AIS = 1

AMBIENCE:

Viewing Conditions:	Dark, not lighted
Cloud Cover:	Cloudy
Precipitation:	Heavy Rain
Temperature:	Unknown
Road Surface:	Wet

ROADWAY:

	VEHICLE 1
Type:	2-lane, undivided
Width:	7.6 m (25 ft)
Traffic Density:	Light
Median:	None
Edge:	Unknown
Surface:	Bituminous
Reported Defects:	None
Co-efficient of Friction (est.):	Unknown
Vertical Alignment:	Unknown
Horizontal Alignment:	Curve right

TRAFFIC CONTROLS:

Signals:	None
Signs:	Unknown
Speed Limit:	Unknown
Markings:	Unknown

VEHICLE:

Description:	1991 Ford Crown Victoria S 4-door
Odometer:	Unknown
Engine:	V8 / 5.8L
Vehicle Modifications:	None known
Tire Condition:	Unknown
Manual Restraints:	Lap/shoulder restraint L/F and R/F seating positions
Automatic Restraints:	Driver's side supplemental restraint system (airbag)
Reported Defects:	None
Cargo:	Police package
Windshield Damage:	None
Fleet:	Police
Tow Status:	Towed due to damage

VEHICLE DAMAGE:

Object Struck:	Trees
Event Number:	01
CDC:	52FDEW1
Maximum Crush:	Unknown

COLLISION SEQUENCE:

Pre-Crash: Vehicle 1 was being driven north at approximately 60 KPH (37 MPH). The driver of Vehicle 1 (a police officer) was responding to a dispatch request for an officer. Vehicle 1 entered a sharp, right-hand turn, braked, and began skidding.

Crash: Vehicle 1 crossed the on-coming travel lane and departed the road. The vehicle corssed a shallow dirt embankment, travelled approximately 8 m (25 ft), and impacted a stand of trees in a residential yard. The airbag deployed at this time.

Post Crash: Vehicle 1 rotated slightly in a clockwise direction and came into contact with a tree to the left of the vehicle. Vehicle 1 came to rest facing north.

Driver Kinematics:
The restrained driver of Vehicle 1 braked during the collision and had both hands on the steering wheel. The driver went forward and came into contact with the airbag with the left side of his face/head.

Airbag System: Vehicle 1 was equipped with a driver's side supplemental restraint system, which deployed upon impact.

Scene Clearance: The driver of Vehicle 1 was transported from the scene to a local hospital by EMS personnel. He was released five hours later. Vehicle 1 was towed from the scene due to damage.

Safety Standards: No violations of Federal Motor Vehicle Safety Standards and Regulations were identified for Vehicle 1.

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	DRIVER
Age/Sex:	25 year old male
Seated Position:	Left front
Seat Type:	Bench
Height:	175 cm (59 in)
Weight:	82 kg (180 lb)
Occupation:	Police Officer
Pre-existing Medical Condition:	None
Alcohol Involvement:	None
Driving Experience:	Unknown
Body Posture:	Normal, upright position
Hand Position:	6 and 9 o'clock
Foot Position:	Right foot on brake, left foot on floor/toe pan
Restraint Usage:	Lap/shoulder restraint
Additional Occupants:	None

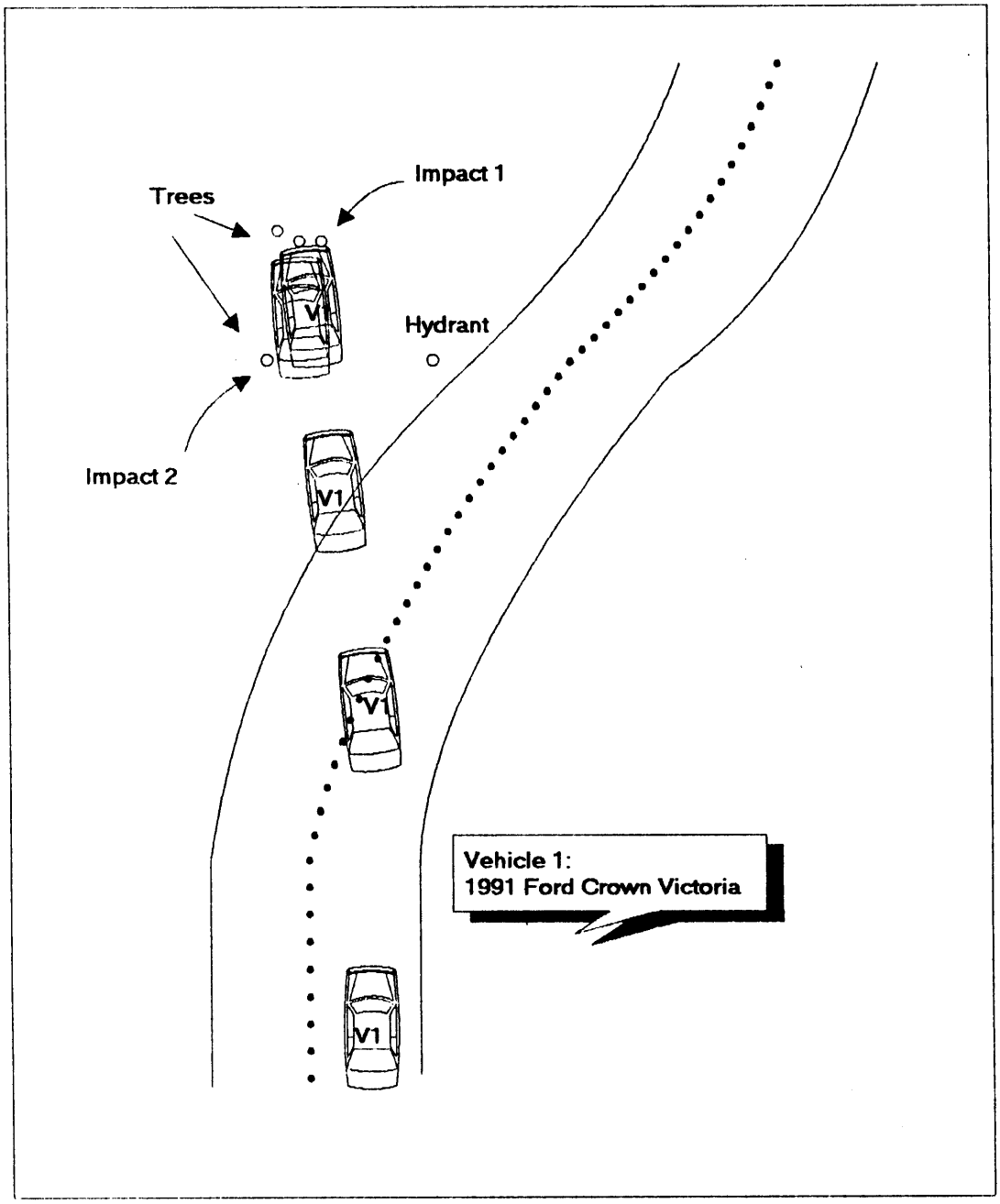
INJURIES:

Vehicle 1

	INJURY	OIC	ICD-9	SOURCE
DRIVER	Inner ear injury	240208.1, 2	388.11	Airbag

Abbreviations Used In Scene And Photographic Documentation

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



Case Number: DSI-93-AB-012

Not to scale

NORTH

PHOTO INDEX

DSI-93-AB-12

PHOTO #	VEHICLE #	DIRECTION OF PICTURE	SUBJECT MATTER
1-3	1	NA	Exterior of Vehicle 1.


POLICE

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

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___ ___
2. Case Number - Stratum A B 1 2

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 0 1
4. Date of Accident (Month, Day, Year) [redacted] 9 3
5. Time of Accident [redacted]

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

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

6. ___SS14 Fatal AOPS 0
7. ___SS15 Administrative Use 0
8. ___SS16 _____ 0
9. ___SS17 _____ 0
10. ___SS18 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 0 2

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object 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. 0 1	13. 0 1	14. 0 4	15. F	16. 4 2	17. 0 0	18. 0
19. 0 2	20. 0 1	21. 0 4	22. L	23. 4 2	24. 0 0	25. 0
26. 0 3	27. ___ ___	28. ___ ___	29. ___	30. ___ ___	31. ___ ___	32. ___
33. 0 4	34. ___ ___	35. ___ ___	36. ___	37. ___ ___	38. ___ ___	39. ___
40. 0 5	41. ___ ___	42. ___ ___	43. ___	44. ___ ___	45. ___ ___	46. ___

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum AB12
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): 12
   FORD
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): 016
   CROWN VICTORIA
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown 4/4

7. Body Type 04
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number
   2FACP72GOMX xxxxxx
   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 1
   (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 03
    (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 07
    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 ******

29. Basis for Total Delta V (highest) 5

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

	Secondary	Highest
30. Total Delta V	9 9 9	
____ Nearest kph		

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

	Secondary	Highest
31. Longitudinal Component of Delta V	+ − 9 9 9	
____ Nearest kph		

(NOTE: __000 means greater than −0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

	Secondary	Highest
32. Lateral Component of Delta V	+ − 9 9 9	
____ 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 9 9 9 . 9 0 0
____ 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) 4
(0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection 2
(0) No inspection
(1) Complete inspection
(2) Partial inspection (specify): PHOTOS ONLY

36. Is this an AOPS Vehicle? 2
(0) No
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [ ] YES [ ] 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 4
(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 4
(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. 4	41. 4
Depressant Drug	42. 4	43. 4
Stimulant Drug	44. 4	45. 4
Hallucinogen Drug	46. 4	47. 4
Cannabinoid Drug	48. 4	49. 4
Phencyclidine (PCP)	50. 4	51. 4
Inhalant Drug	52. 4	53. 4
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. 4	55. 4

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 [redacted] _____

(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 1

(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) 5

(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) ≠ 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

(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

(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 00

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0

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

63. Direction of Initial Roll 0

(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

(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 06

This Vehicle Loss of Control Due To:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

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

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

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

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

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

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

For Corrective Actions Attempted see variable GV14 (Attemped Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 2
(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) 4
(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.

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

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum AB 12
3. Vehicle Number 01

VEHICLE IDENTIFICATION

VIN 2FACP72GOMX****** Model Year 91

Vehicle Make (specify): FORD

Vehicle Model (specify): CROWN VICTORIA S

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	RF CORNER ——→	
2	UNK.	

CRUSH PROFILE IN CENTIMETERS

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

Measure and document on the vehicle diagram the location of maximum crush.

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

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

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

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
		Width (CDC)	Max Crush								
1	BUMPER	ENTIRE	FRONT								

HS Form 435A (Rev. 1/93)

VEHICLE DAMAGE SKETCH

TIRE–WHEEL DAMAGE

	a. Rotation physically restricted	b. Tire deflated
RF	2	2
LF	2	2
RR	9	9
LR	2	2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☑ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	285	cm
Overall Length	540	cm
Maximum Width	198	cm
Curb Weight	1696	kg
Average Track		cm
Front Overhang	105	cm
Rear Overhang	139	cm
Undeformed End Width		cm
Engine Size: cyl./displ.	5.8 L V8	L

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± ___ °
LF ± ___ °
RR ± ___ °
LR ± ___ °

Within ± 5 degrees

DRIVE WHEELS

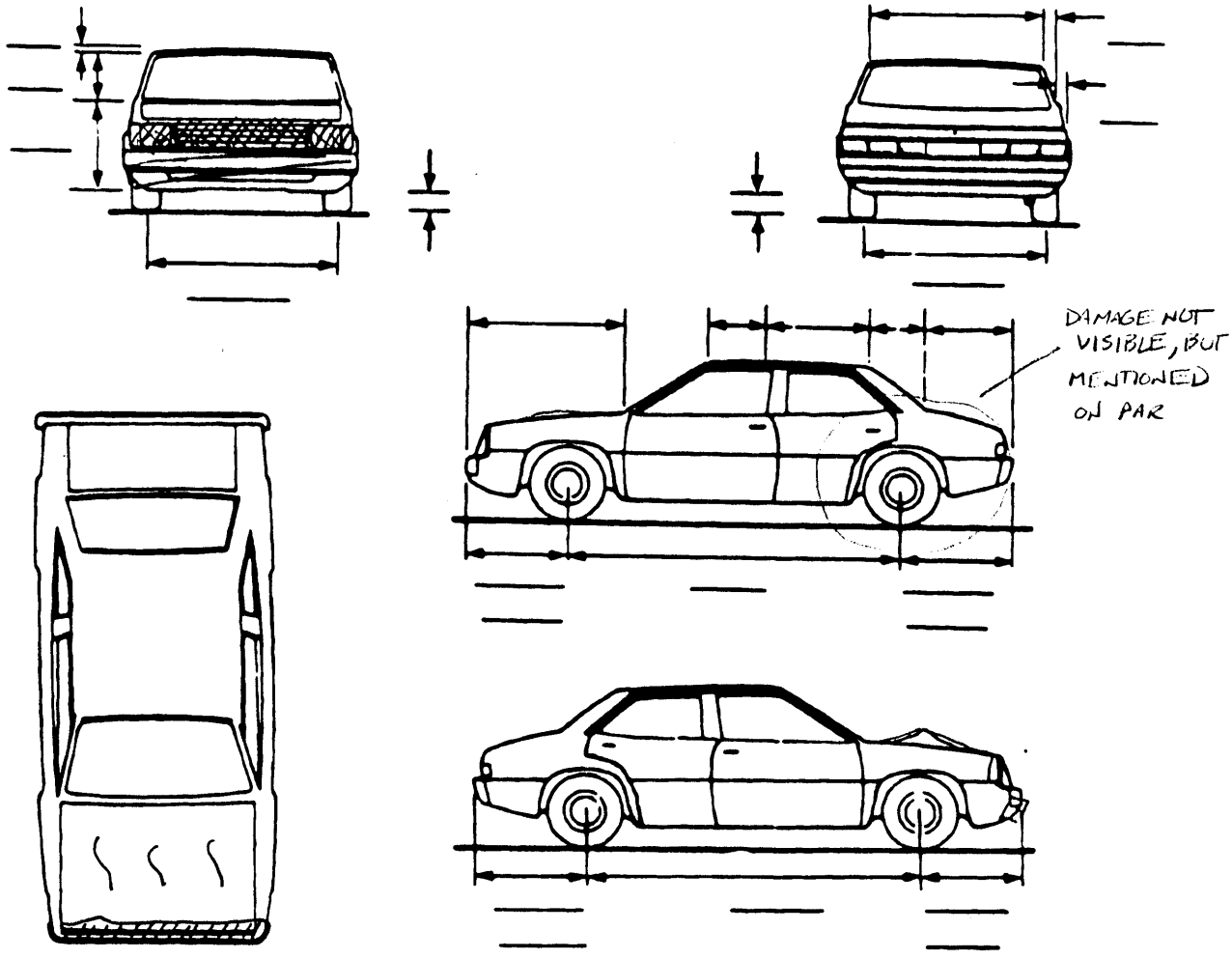
PER DEALER

☐ FWD ☑ RWD ☐ 4WD

Approximate Cargo Weight

UNK. kg

MEASUREMENTS IN CENTIMETERS



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

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

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown

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

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	42	355	40	F	D	E	W	01
02	42	999	99	9	9	9	9	99

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 01	5. 12	6. 52	7. F	8. D	9. E	10. W	11. 01

Second Highest Delta "V"

12. 02	13. 99	14. 99	15. 9	16. 9	17. 9	18. 9	19. 99

CRUSH PROFILE IN CENTIMETERS

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

HIGHEST DELTA "V"

20. L	21. C_1	C_2	C_3	C_4	C_5	C_6	22. ±D
___	___	___	___	___	___	___	+ − ___

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
___	___	___	___	___	___	___	+ − ___

26. Are CDCs Documented but Not Coded on The Automated File? 0
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 285
Code to the nearest centimeter
(999) Unknown

___.__ inches X 2.54 = ___ centimeters

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? Φ
(0) No post manufacturer modifications
(1) Yes - post manufacturer modifications (specify): _____
_____
_____
(Include photograph of CERTIFICATION PLACARD in case report)
(9) Unknown if vehicle is modified

30. Fire Occurrence 4
(0) No fire

Yes, fire occurred
(1) Minor
(2) Major
(9) Unknown

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

32. Type of Fuel Tank 1
(0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS *** (I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

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

INTEGRITY

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

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

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 9 9. TG/H 0

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

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

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

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

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

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

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

Glazing Damage from Occupant Contact

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

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

If No Glazing Damage ***And*** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

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

(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify): _____
(9) Unknown

Window Precrash Glazing Status

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

(0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

OCCUPANT AREA INTRUSION

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

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

LOCATION OF INTRUSION

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____
- (99) Unknown

INTRUDING COMPONENT

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

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

MAGNITUDE OF INTRUSION

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

DOMINANT CRUSH DIRECTION

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

STEERING COLUMN

87. Steering Column Type — 9
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Blank — X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

89. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

90. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

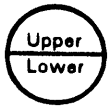
91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

92. Steering Rim/Spoke Deformation — 9 9
____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

93. Location of Steering Rim/Spoke Deformation — 9 9
(00) No steering rim deformation

Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading — 9 9 9,000
_____kilometers—Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

___,___ miles X 1.6093 = ___,___ kilometers

Source: _____

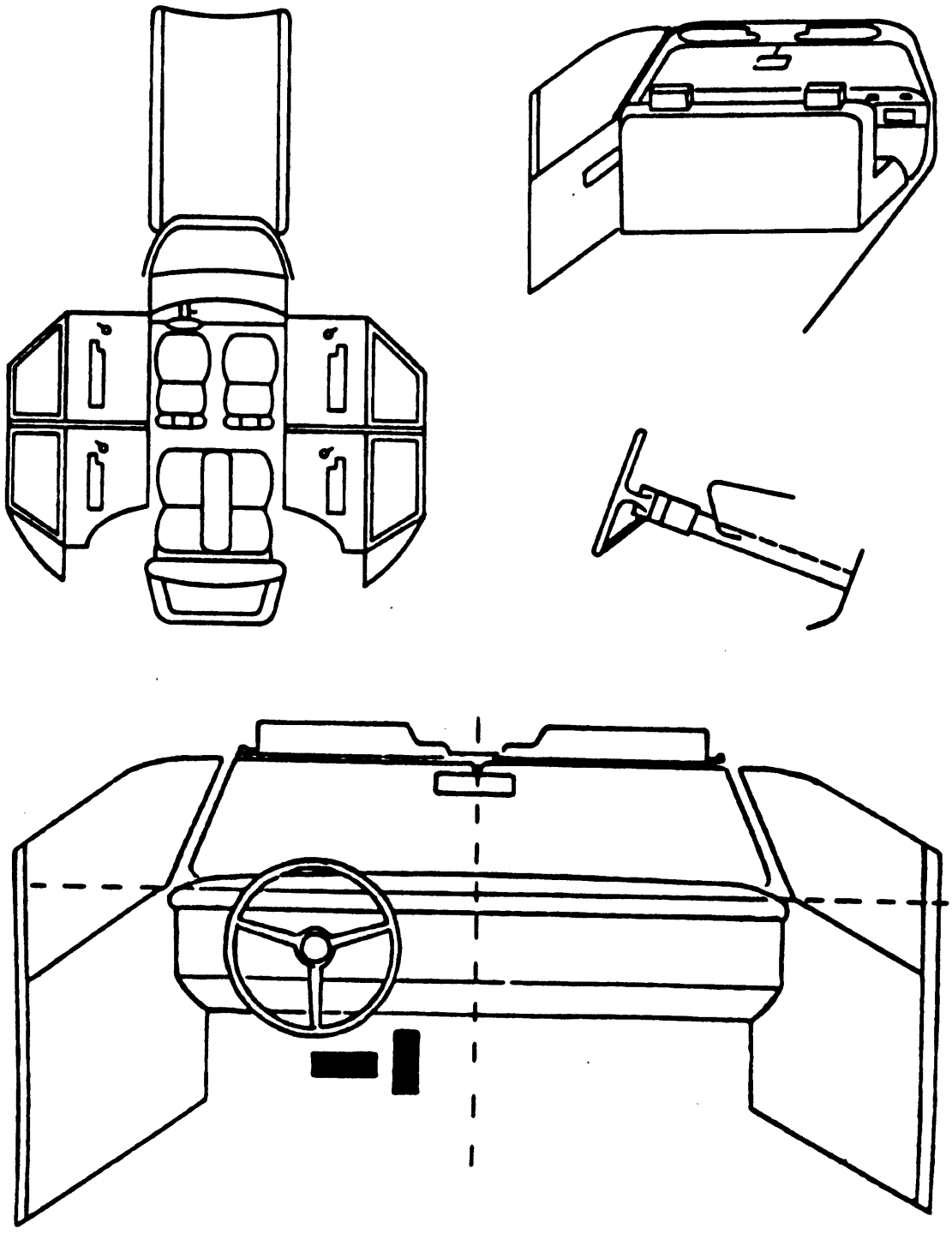
95. Instrument Panel Damage from Occupant Contact? — 9
(0) No
(1) Yes
(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? — 9
(0) No
(1) Yes
(8) Not present
(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? — 4
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

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

CODES FOR INTERIOR COMPONENTS

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

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

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

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

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

REAR
- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

MANUAL RESTRAINTS

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

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

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4		4
	Use	99		99
	Failure Modes	9		9
SECOND	Availability			
	Use			
	Failure Modes			
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

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

Integral Belt Partially Destroyed

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

Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
(01) Inoperable (specify): _____
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used - type unknown
(08) Other belt used (specify): _____
(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat - type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

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

HEAD RESTRAINTS/SEAT EVALUATION

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

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3		3
	Seat Type	99		99
	Seat Performance	1		1
	Seat Orientation	1		1
SECOND	Head Restraint Type/Damage	9	9	9
	Seat Type	99	99	99
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

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

Seat Type (this Occupant Position)

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

Seat Performance (this Occupant Position)

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

Seat Orientation (this Occupant Position)

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

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

EJECTION/ENTRAPMENT DATA

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

EJECTION No [✓] Yes [ ]

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

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

Ejection
(1) Complete ejection
(1) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify): _____
(9) Unknown

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

Medium Status (Immediately Prior to Impact)
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [✓] Yes [ ]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

dsi

Dynamic Science, Inc.

INTERVIEW FORM (A)

1. Primary Sampling Unit Number ____
2. Case Number - Stratum AB 1 2
3. Vehicle Number 01

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

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

ACCIDENT HAPPENED ON [redacted]/92 @ [redacted]. RAINING HEAVY.

(VERBAL) RESPONDING TO A CALL. DRIVING DOWN NARROW WINDING ROAD. WENT INTO CURVE, BRAKED, THEN WENT OFF THE ROAD. HIT A BUNCH OF TREES AND THE AB DEPLOYED.

LEFT SIDE OF FACE HIT AB. EAR ACHE 1 1/2 WEEKS. LOST 60% HEARING. ON [redacted]/93 BLEW NOSE AND SUFFERED A PERILYMPH FISTULA WHICH CAUSED ME TO VOMIT AND LOSE MY EQUILIBRIUM.

OUT OF WORK EVER SINCE.

(SEE FOLLOWING PAGES FOR DRIVER'S FOLLOWUP WRITTEN STATEMENT)

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

NA

ACCIDENT NARRATIVE:

Accident Date: [redacted] 1993
Accident Time: [redacted] hrs [redacted])
Accident Location: [redacted] RI
Vehicle: 1991 Ford Crown Victoria Police Car
VIN#: 2FACP72G0MX[redacted]

This is a summation of the events leading up to, including and following my accident.

On [redacted] 1992 at approximately [redacted] hrs I was dispatched to the [redacted] Restaurant on [redacted] Road for a possible man attempting to gain access into an occupied dwelling. It was raining heavily and I was alone in the vehicle. I travelled down [redacted] Road en-route to the call. [redacted] Road is a secondary road, approximately 25 feet wide. It descends from [redacted] Road, north to [redacted] Road. The road is an incline with several sharp curves. I was travelling at approximately 37 mph when I approached one of these curves. I applied the brakes in the cruiser. The brakes locked-up and caused the cruiser to slide at a slight angle, across the curve in the roadway. The cruiser slid up a slight embankment, (approximately 5 feet high, 35-45 degree angle) and travelled abut 25 feet, striking a group of trees located on the lawn of Pole 13, [redacted] Road.

The air bag in the vehicle deployed, filling the compartment up with white smoke. I was wearing a seatbelt, but the left side of my face struck the airbag as it was deployed. I opened the door of the cruiser to let the smoke out. I briefly exited the vehicle, but returned to sit down, as I experienced severe pain in my left ear and along the left side of my face. I had a loud ringing in the left ear, and some burning on my face. I summoned a rescue over the radio, and was eventually placed in a cervical collar, and backboard, and transported to [redacted] Hospital. I had a full skull X-Ray which proved un-remarkable. I was released approximately 5 hours later. The ringing in my ears continued for five to seven days. The pain in my face subsided in three days.

I continued to suffer from persistent ear aches, and fluid build-up in my left ear. My physician prescribed decongestants (Amoxicillian and Augmenten) which temporarily cleared up the problem. My ear aches continued, about once every four weeks, through the fall, winter and then spring of 1993. I was sent to Dr [redacted] an Otolaryngologist, on [redacted] 1993. He examined me and prescribe the medications once again to ease the swelling in my ear, and to drain the fluid build-up. He also sent me for an audiogram which detailed a 60 dB mid frequency sensorineural hearing loss in the left ear. (this is a severe hearing loss)

On [redacted] 1993 I had a severe build-up of fluid in my left ear. I blew my nose, and suffered a perilymph fistula, which caused me to fall to the floor, and vomit uncontrollably for 20-30 minutes. I did not regain me balance for approximately 8 hrs. The Doctor sent me for another hearing test and an electronystagmogram which confirmed that I had blown a hole in the membrane in my middle ear. I continued on a roller coaster of one day having my balance, and other days of not being able to get off the couch. My doctor followed a conservative road of treatment with medication (Meclizine) and rest. Since my equilibrium did not improve in six weeks, we elected to perform surgery to patch the fistula. The surgery occurred on [redacted]. I suffered a reaction to the anesthetic, and spent the night in the hospital recovering from it. Since my surgery I have experience an increase in my equilibrium, although it has not returned to normal.

My hearing is still at a fourth loss, and I have not returned to work. Dr [redacted] referred me to [redacted] in [redacted] for further treatment. I am currently under the care of Dr. [redacted]. Dr [redacted] has not as yet made a diagnosis on my condition. I return to [redacted] on [redacted], 1993 for a series of tests including an MRI, and several vestibular tests designed to measure my equilibrium.

I will keep you informed as to my progress, and the determination of my ability to return to work. If you have any questions feel free to call me...

dsi

Dynamic Science, Inc.

INTERVIEW FORM (B)

1. Primary Sampling Unit Number ____

2. Case Number - Stratum A B 1 2

3. Vehicle Number 01

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

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

[✓] North [ ] South [ ] East [ ] West

(Optional - Where were you coming from or going to?

_____

2. In which lane were you traveling?
(Note: Lane 1 is designated as the right curb lane.)

[✓1] [2] [3] [4] [ ] Other (specify):

_____

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

[ ] Stopped	[ ] 1-10	[ ] 10-20
[ ] 20-30	[✓] 30-40 37	[ ] 40-50
[ ] 50-60	[ ] 60-70	[ ] 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

[✓] Going straight	[ ] Stopped
[ ] slowing	[ ] Accelerating
[ ] Turning left	[ ] Turning right
[ ] Changing lanes to left	[ ] Changing lanes to right
[ ] Backing	
[ ] Other (specify):	

5. Did you experience any loss of control due to weather conditions or mechanical problems?

[ ] No
[✓] Yes (If yes, describe below)
HEAVY RAIN

6. Did you have to take any avoidance actions prior to the accident?

[ ] No - Go to question 7
[✓] Yes - Go to question 6a

6a. What actions did you take?

[✓] Braking with lock-up
[ ] Braking without lock-up
[ ] Releasing brakes
[ ] Accelerating
[ ] Steering left
[ ] Steering right
[ ] Other (specify):

_____

7. Where was your vehicle at the time of the collision?

[ ] Original travel lane	[ ] Different travel lane
[ ] In intersection	[ ] Off roadway to right
[✓] Off roadway to left	
[ ] Other (specify):	

8. Was your travel speed at the time of the collision different from your previous travel speed?

[ ] No
[✓] Lower
[ ] higher
[ ] Unknown

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

[ ] Stopped	[ ] 1-10	[ ] 10-20 ?
[ ] 20-30	[ ] 30-40	[ ] 40-50
[ ] 50-60	[ ] 60-70	[ ] 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

CAME TO REST AGAINST TREES

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

2

1. Primary Sampling Unit Number ____
2. Case Number - Stratum A B 1 2
3. Vehicle Number 4 1
4. Occupant Number 4 1

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?
   1 9 9 1 (Year), FORD (Make), CROWN VICTORIA (Model)

2. Can you describe the damage to your vehicle?
   SEE PHOTOS

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 shoulder
Front seat middle	[ ] Lap	[ ] Lap and shoulder
Front seat right	[ ] Lap	[ ] Lap and shoulder
Rear seat left	[ ] Lap	[ ] Lap and shoulder
Rear seat middle	[ ] Lap	[ ] Lap and shoulder
Rear 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)

1. Primary Sampling Unit Number ____ 3. Vehicle Number 01

2. Case Number - Stratum ABI2 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?
[ ] No
[ ] Yes (If "Yes", describe previous condition)
_____
_____
[ ] Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?
[ ] No (go to question 11)
[ ] Yes (go to question 10d)
[ ] Unknown

10d. Was the air bag re-installed after the accident?
[ ] No (go to question 11)
[ ] Yes
[ ] Unknown

10e. Did the air bag inflate as you expected?
[ ] No (If "No" describe below)
_____
[✓] Yes
[ ] 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 fquestion 12g)
[ ] Yes (If "Yes", go to question 12f)
[ ] Unknown

12f. Can you describe how the seat belt was secured to the child seat?
[ ] Looped through designated rear framing struts?
[ ] Looped through arm rest slots?
[ ] Belt across safety shield?
[ ] Looped through rear frame outside the designated framing struts?
[ ] Other (specify): _____
[ ] Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)
[ ] Harness
[ ] Shield
[ ] Tether strap

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

1. Primary Sampling Unit Number ____ ____ 3. Vehicle Number 4 1

2. Case Number - Stratum A B 1 2 4. Occupant Number 4 1

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

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
LIGHT BAGS / RADIO / SAFETY EQUIP.

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

? miles

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

DRIVER ONLY

17. What race do you consider yourself?
[✓] White
[ ] Black
[ ] American Indian, Eskimo or Aleut, Asian or Pacific Islander
[ ] Other (specify:_____)
[ ] Unknown.

18. Are you of hispanic origin?
[✓] No
[ ] Yes

1. Primary Sampling Unit Number ____
2. Case Number - Stratum AB 12
3. Vehicle Number 4 1
4. Occupant Number 4 1

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 5'9" Weight 184 Age 25
   Sex: [✓] Male [ ] Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?
   NORMAL UPRIGHT / HANDS @ 9-6

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

5b. Can you describe the location of your (his/her) arms?
   9-6

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

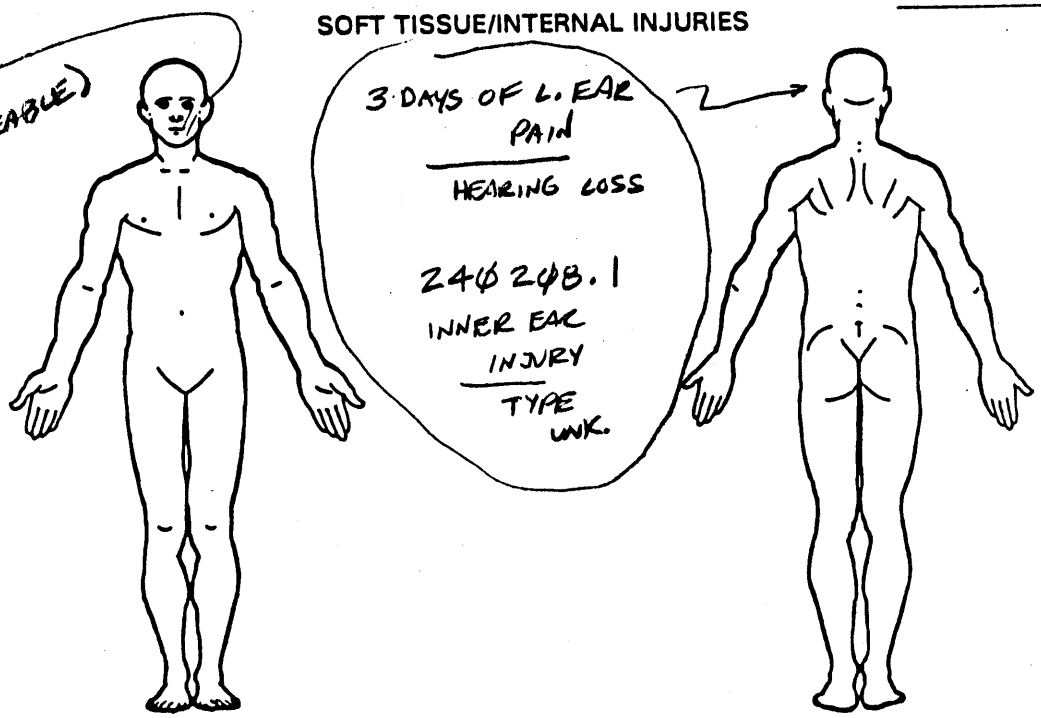
8. Were you (Was he/she) trapped in the vehicle?
   [✓] No
   [ ] Yes (If "Yes", describe)_____
   [ ] Unknown

Vehicle Number 01 Occupant Number 01

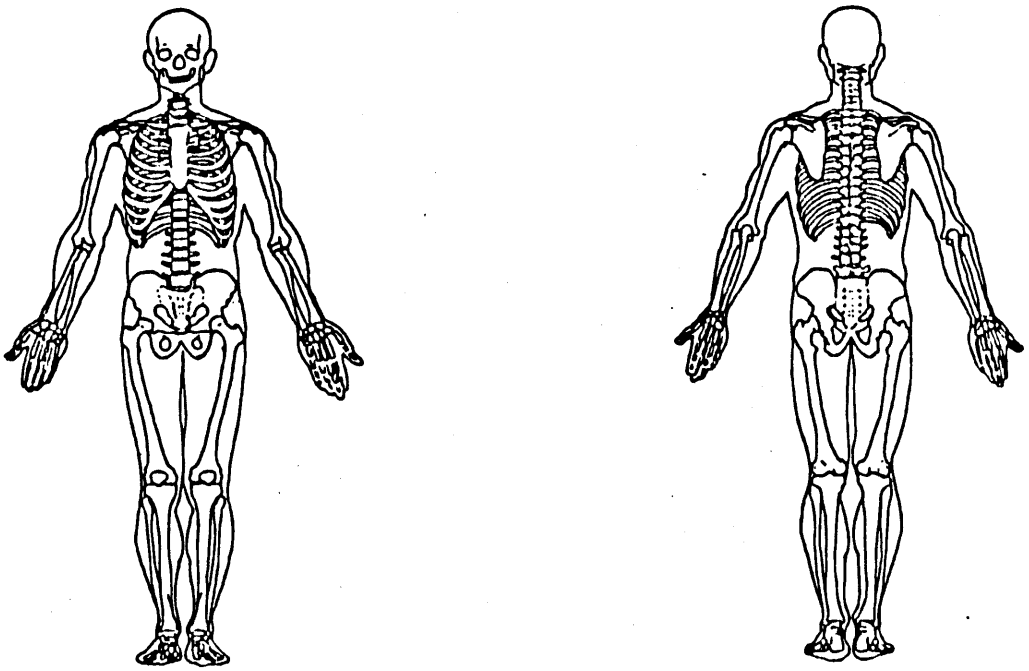
INJURY DATA FROM INTERVIEWEE(S)

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).

1. Primary Sampling Unit Number ____
2. Case Number - Stratum AB 12
3. Vehicle Number 01
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?
_____ days

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

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?
[ ] No
[✓] Yes (If "Yes", describe:) OTOLARYNGOLOGIST
[ ] 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

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 ____
2. Case Number - Stratum AB 12
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 25
   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 175
   Code actual height to the nearest centimeter.
   (999) Unknown
   69 inches X 2.54 = 175 centimeters

8. Occupant's Weight 082
   Code actual weight to the nearest kilogram.
   (999)Unknown
   180 pounds X .4536 = 082 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 4
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area 4
    (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 4
    (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) 4
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment 4
    (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 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. Are There Indications of Air Bag System Failure? 1
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

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

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

HEAD RESTRAINT AND SEAT EVALUATION

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

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): 1
    (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 4 4 4
(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 4
(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 4 4
(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 4 4

32. Child Safety Seat Shield Usage 4 4

33. Child Safety Seat Tether Usage 4 4

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) 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 4
(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):
_____

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

36. Type Of Medical Facility (for Initial Treatment) 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 0 0
(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 6 1
_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more → AFTER SECOND INCIDENT W/ FAILS.
(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 9 9
_____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 9 9

41. 2nd Medically Reported Cause of Death 9 9

42. 3rd Medically Reported Cause of Death 9 9
_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 0 1
_____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 4
(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 4
(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 4
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive Belt System 4
(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 4
(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

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

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 97
(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_3 91
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported , HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [1] YES [ ]

UPDATE CANDIDATE? NO [✓] YES [ ]

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	___ ___	3. Vehicle Number	01
2. Case Number - Stratum	AB 12	4. Occupant Number	01

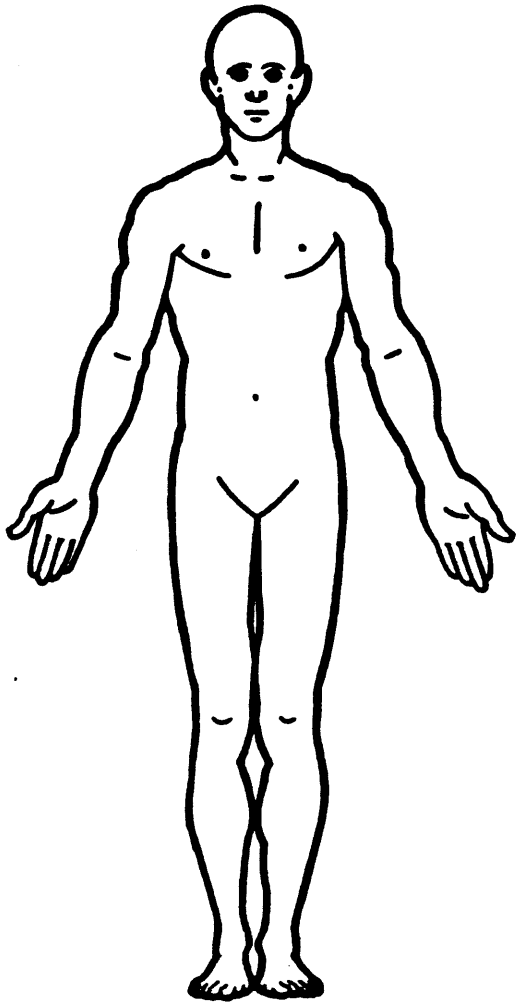
INJURY DATA

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.

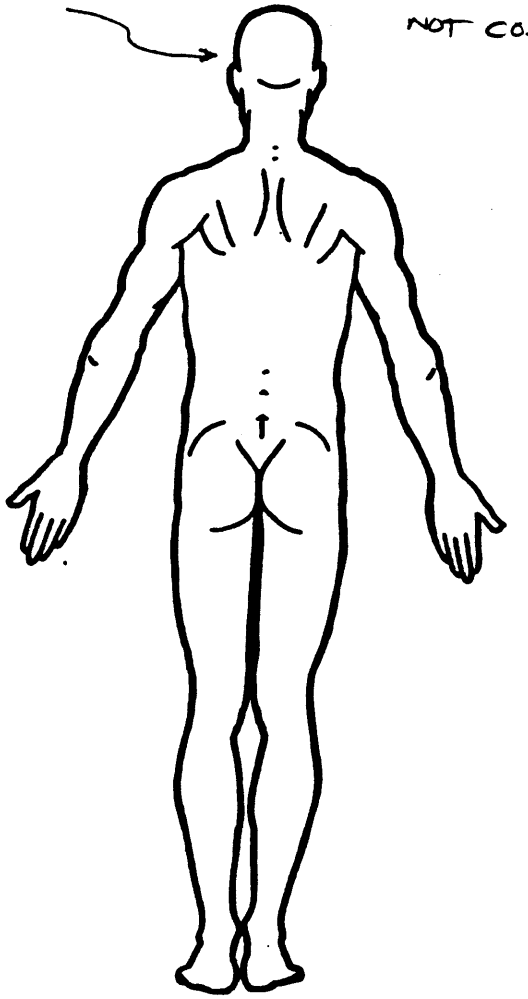
	Source of Injury Data	O.I.C.-A.I.S Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 7	6. 2	7. 4	8. 02	9. 08	10. 1	11. 2	12. 45	13. 1	14. 3	15. 04
2nd	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___	25. ___	26. ___
3rd	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___	35. ___	36. ___	37. ___
4th	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___	47. ___	48. ___
5th	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___	55. ___	56. ___	57. ___	58. ___	59. ___
6th	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___
7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___

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.)



PERILYMPH FISTULA (POST-ACCIDENT, NOT CODEABLE)



OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Arterial Blood Gases

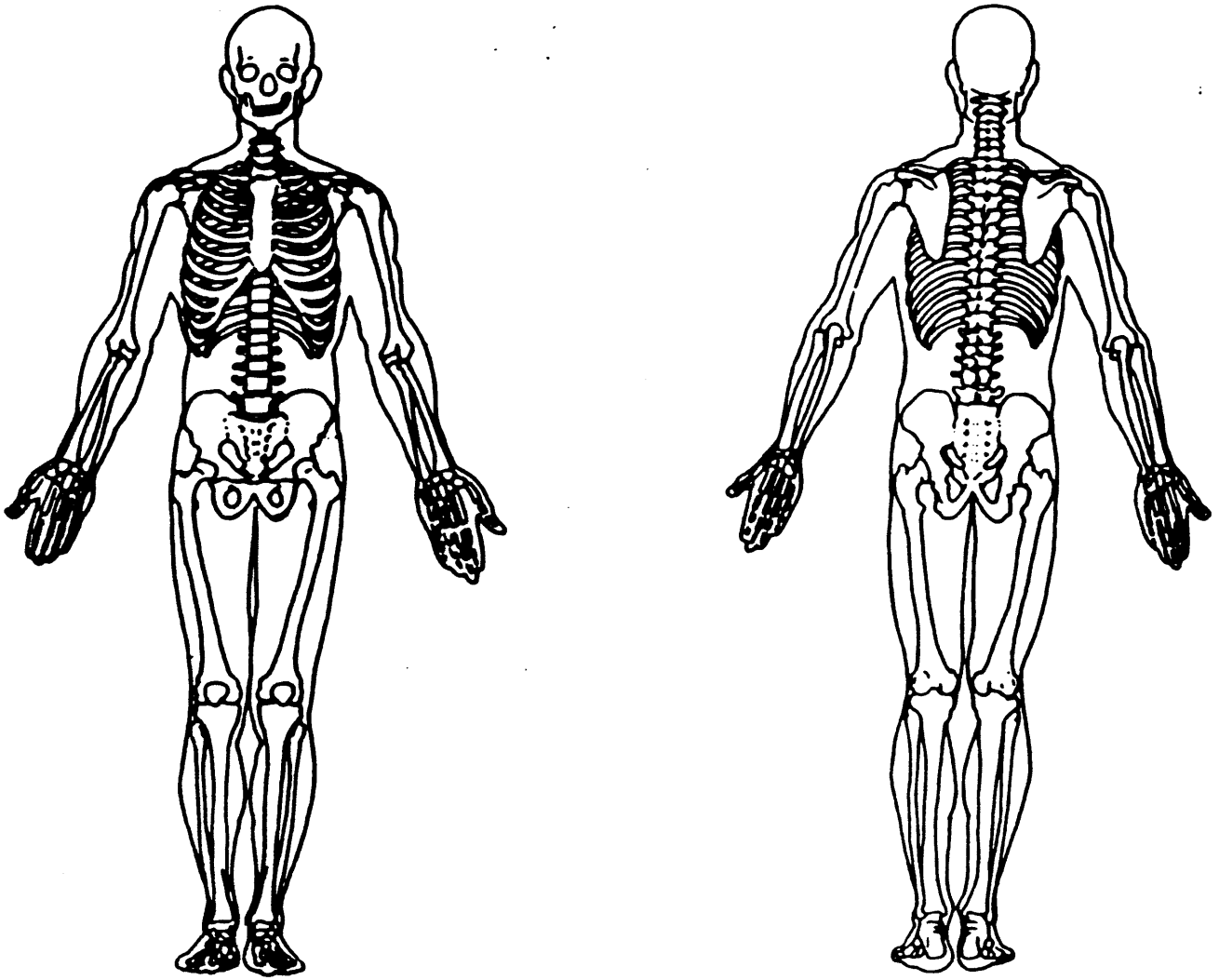
pH = __.__

PO_2 = ____

PCO_2 ____

HCO_3 ____

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.)



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

OCCUPANT INJURY DATA 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				
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—	—	— —
—	—	—	—	— —	— —	—	—	— —	—		

HS Form 433F (1/93)

[redacted], M. D.

[redacted] 1993

Chief [redacted]
[redacted] Police Department
[redacted] Road
[redacted], RI [redacted]

Dear Chief [redacted]:

[redacted] is a twenty five year old male who was involved in a motor vehicle accident in [redacted] of 1992. He struck the left side of his head against the airbag of his automobile. Although he denies loss of consciousness, he noted a three day history of left ear pain. He was taken to a local emergency room where head x-rays were unremarkable. I first examined him on [redacted] 1993. At that time he noted a feeling of pressure in his left ear and he noted a mild hearing loss on that side. Both of the symptoms had been present for approximately six months. He had been treated with antibiotics and decongestants by his family doctor on several occasions and neither of these interventions provided any relief of his symptoms.

An audiogram was performed on [redacted] This showed normal hearing in the right ear and a 60 dB mid frequency sensorineural hearing loss in the left ear. Speech discrimination scores were within normal limits for both ears.

On or about [redacted] 1993 the patient developed an upper respiratory infection. After blowing his nose, the patient experienced a violent episode of vertigo; causing him to lose his balance, fall to the ground and become nauseated. He was diagnosed as having a perilymph fistula[1] and was treated with sedatives and antibiotics. An electronystagmogram was performed on [redacted] It confirmed a hyperactive left vestibular response and an audiogram showed a worsening of his left hearing loss. Both of these tests supported the diagnosis of a perilymph fistula.

---

[1] A perilymph fistula is a leak of fluid from the inner ear. It is usually caused by head trauma, increased pressure in the upper torso (as is brought on by lifting or straining), or by increased pressure in the middle ear (as is brought on by rapid ascent/descent or forcefully sneezing or blowing the nose). While most fistulas heal spontaneously, there is a possibility of permanent hearing loss if they do not close. While some otolaryngologists repair these fistulas immediately, others elect to follow the patients conservatively so long as the hearing loss is not severe.

Over the next several days, the patient's disequilibrium improved. I elected to follow his progress clinically with sedatives. A CT scan of the temporal bone was performed on [redacted] and no evidence of skull fracture or acoustic tumor was noted. Over the next several weeks the patients hearing improved and an audiogram on [redacted] showed that it had returned close to the results on [redacted] Unfortunately, the patient still complained of disequilibrium, which was worse when turning his head quickly or going up stairs.

Because his symptoms had not resolved with conservative treatment, he was taken to the operating room on [redacted] and underwent a left exploratory tympanoplasty and repair of an oval and round window fistula. Post operatively he has noted a significant improvement in his disequilibrium. On two occasions, however, he has noted pain and pressure in his left ear. When this occurred he noted a recurrence of his disequilibrium. On both occasions his symptoms responded quickly and completely to steroid therapy. While I suspect that these symptoms are due to a mild serous labyrinthitis which developed as a result of the surgery (and should resolve over the next couple of weeks), it is also possible that this represents endolymphatic hydrops which may have been precipitated by his automobile accident.

Although [redacted] symptoms have improved with his recent operation, they have not completely resolved. I suspect that they will resolve completely and that he should be able to return to work within the next month. I will reevaluate his progress on [redacted] If you have any questions or concerns please feel free to call me at [redacted]

Sincerely yours,

[redacted]

[redacted] M.D.

BEST AVAILABLE COPY

NAME: [redacted]

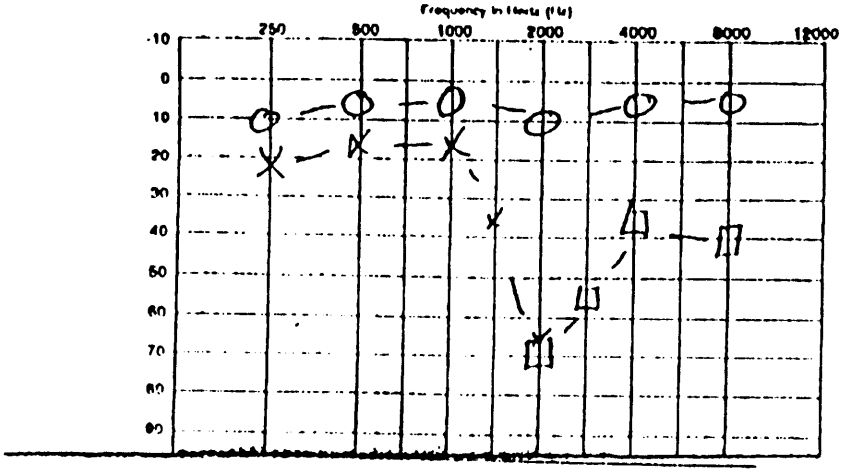
DATE: [redacted]93

AUDIOLOGY & HEARING RESOURCES

[redacted], RI

AUDIOLOGICAL EVALUATION

AUDIOGRAM



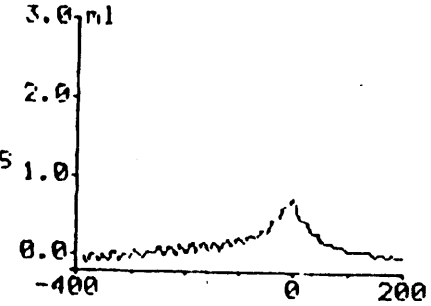
	Right		Left		Word Lists
PTA		3 Freq		3 Freq	
SRT 1	5	Masking	15	Masking	W6
2					
MCL					
UCL					Hall (X)
Disc.	%	HTL Mask	%	HTL Mask	Full ( )
1	96%	15	98%	33 50	MLV ( )
2					Rec ( )

TONE DECAY

	.5k	1k	2k	4k
AD				
AS				

Tymp: Sweep Right

ECV: 1.51 ml
MEP: 0 daP
SC: 0.74 ml
Grad: 0.60
TW: 74 daP
Speed: 400 dP/S
Dir: Neg



Threshold: FastSCR Right CONTRA TDH39

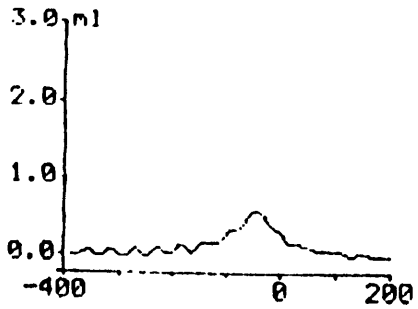
Stim. (Hz)	500	1000	2000	4000	WN
Level (HL)	100	105	100	95	----

Threshold: FastSCR Right IPSI

Stim. (Hz)	500	1000	2000	4000
Level (SPL)	105	100	----	----

Tymp: Sweep Left

ECV: 1.36 ml
MEP: -45 daP
SC: 0.59 ml
Grad: 0.50
TW: 102 daP
Speed: 400 dP/S
Dir: Neg



Threshold: FastSCR Left CONTRA TDH39

Stim. (Hz)	500	1000	2000	4000	WN
Level (HL)	NR	NR	NR	NR	----

Threshold: FastSCR Left IPSI

Stim. (Hz)	500	1000	2000	4000
Level (SPL)	NR	NR	----	----

LEGEND

Audiometer	Calibration
Impedance Meter	

1969 Ansi Standards

CNT	Could not test
DNT	Did not test

	Right	Left
Air Unmasked	O	X
Air Masked	△	□
Bone Unmasked	<	>
Bone Masked	[	]
No Response	↗	↖
Sound Field	S	

After Fistula

[redacted] MA CCC-A

cc: [redacted]

Audiology & Hearing Resources

Name: [redacted] Date: [redacted]/93

ELECTRONYSTAGMOGRAPHIC RESULTS

SPONTANEOUS NYSTAGMUS
Eyes Open: None
Eyes Closed: None

GAZE: N/A
N/A

SACCADIC PURSUIT: WNL Abnormality noted

SMOOTH PURSUIT: WNL limits

POSITIONAL: No nystagmus
Supine
Head Right
Head Left

HALLPIKE: No nystagmus
Head hanging
Head Right
Head Left

OPTOKINETIC: Symmetrical @ both speeds

CALORIC EVALUATION: Extreme nausea + rotation on Left ear irrigations

Unilateral Weakness: 18% Right

Directional Preponderance: 11% Left

Total eye speed: 60.7

Vestibular Responses:
Right (RW+RC): (10.5 + 14.9) = 25.4 — 41%
Left (LW+LC): (18.9 + 16.4) = 35.3 — 58%

Dir. Prep:
Right (LC+RW): (16.4 + 10.5) = 26.9 — 45%
Left (RC+LW): (14.9 + 18.9) = 33.8 — 56%

IMPRESSIONS:

[redacted] Resources, Inc.
[redacted]

AIRBAG SUPPLEMENT

ACCIDENT SUMMARY

1. Accident Date: [redacted] 92

2. Police Investigated [1]
   (1) Yes
   (2) No
   (3) Unknown

   Agency: [redacted] PD
   City: [redacted], RI
   County: UNK.

3. General Locality [4]
   (1) Freeway, Limited Access
   (2) Urban (City)
   (3) Urban-Rural (mixed)
   (4) Rural, Fields

4. Configuration (First Harm) [4]
   (0) Struck Object or Ped
   (1) Rear-End
   (2) Head-On
   (3) Rear-to-Rear
   (4) Angle
   (5) Sideswipe-Same Direction
   (6) Sideswipe-Opposite Dir.
   (7) Noncollision
   (8) Nonimpact Deployment
   (9) Unknown

5. Fire Involved [4]
   (0) None
   (1) Airbag Vehicle
   (2) Other Vehicle
   (3) Both Vehicles
   (9) Unknown

6. Vehicles Involved [1]

7. Persons Involved [1]

8. Injured Persons [1]

9. Maximum AIS in Accident [1]

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: NA

11. Reason Vehicle Note Inspected [1]
   (0) Not Required
   (1) Inspection Completed
   (2) Cannot be Located
   (3) Repaired or Destroyed
   (5) Refusal or Impounded
   (7) Other:

12. Impact Data Obtained [1]
   (0) No Data Obtained
   (1) CDC Only
   (2) Crush Profile Only
   (3) Trajectory Data Only
   (4) CDC and Crush Profile
   (5) CDC and Trajectory
   (6) Crush and Trajectory
   (7) CDC, Crush, and Trajectory

13. Basis of Delta-V [7]
   (0) Not Computed (Unknown why)
   (1) CRASH - Damage Only
   (2) CRASH - Damage + Traj
   (3) OLDMISS
   (4) POLES
   (5) Unknown Basis
   (6) One Vehicle Beyond Scope
   (7) Collision Beyond Scope
   (8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle? [9]
   (1) Yes
   (2) No
   (9) Unknown

15. Has Any Prior Maintenance or Service Been Performed on System [3]
   (1) Yes
   (2) No
   (3) Unknown

   Describe:

AIRBAG SUPPLEMENT

AIRBAG VEHICLE
Fleet: POLICE
VIN: [redacted]
Mileage: UNKN.

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition [9]
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown

17. Driver's Report of Pre-Impact Flashing [99]
(00) No Flashing Reported
(01) Continuous Flashing
(02)
Number of Flashes: ___
(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

18. Period of Pre-Impact Flashing [9]
(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown

19. Post-Impact Lamp Condition [9]
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown

20. Post-Impact Flashing [99]
(00) No Flashing Reported
(01) Continuous Flashing
(02)
Number of Flashes: ___
(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

21. Airbag Vehicle First Harmful Event [43]
(01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife
COLLISION WITH:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport (same roadway)
(14) Motor vehicle in transport (other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
COLLISION WITH FIXED OBJECT
(20) Building
(21) Impact attenuator/crash cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/traffic sign post
(30) Overhead sign support
(31) Luminaire/light support
(32) Utility pole
(33) Other post, pole, or support
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone, or concrete
(39) Fence
(40) Wall
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity
(99) Unknown

AIRBAG SUPPLEMENT

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role [1]
(0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown

23. Manner of Leaving Scene [2]
(1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown

24. Number of Impact Events [2]
(8) 8 or more
(9) Unknown

25. Rollover [4]
(0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown

26. Override/Underride [4]
(0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, damaged
(2) No damage
(3) Unknown

27. Left Front Fender Damage [2]

28. Right Front Fender Damage [2]

29. Center Top of Grille Damage [1]

FRONT BUMPER E.A. STATUS

30. Left [9]

31. Right [9]

(1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration [4]
(0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

33. CDC: 5ZFDEW1

34. Object Contacted: TREE(S)

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number [1]

36. Total Delta-V [99]

37. Longitudinal Delta-V [99]

38. Configuration [4]
See 32 above for codes

39. CDC: 5ZFDEW1

40. Object Contacted: TREE(S)

AIRBAG SUPPLEMENT

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

41. Airbag Module [9]

42. Left Front Sensor [9]

43. Center Front Sensor [9]

44. Right Front Sensor [9]

45. Rear Cowl Sensor [9]

46. Diagnostic Module [9]

47. Wiring [9]

48. Knee Diverter [9]

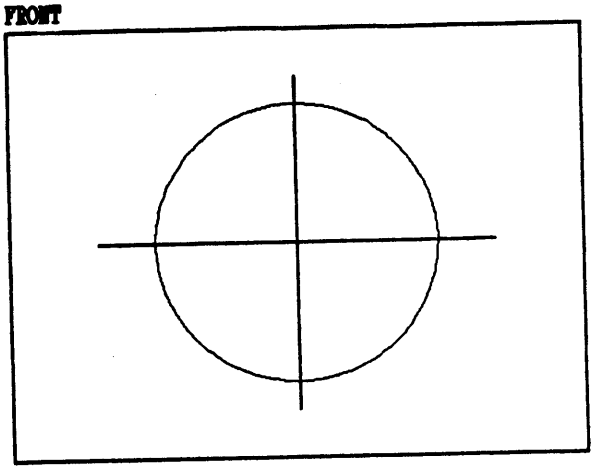
49. Indication of disconnected or loose electrical connectors [9]

50. Condition of Deployed Bag [9]
(1) Bag intact
(2) Split or torn
(3) Cut by object in impact
(4) Cut after accident
(5) Other
(8) NA (not deployed)
(9) Unknown

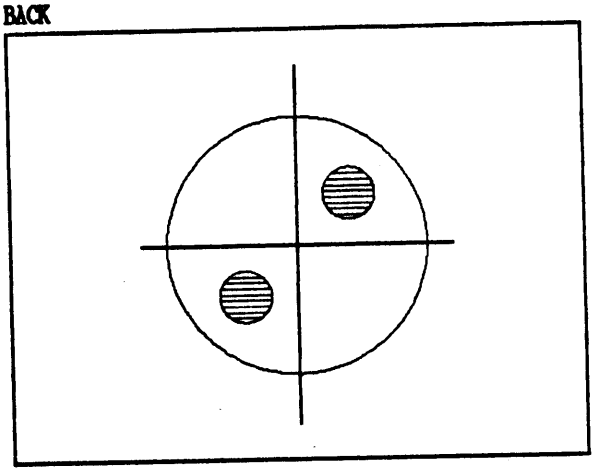
DESCRIBE SYSTEM AND BAG DAMAGE:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle [1]

52. Number of Injured Persons [1]

53. Maximum AIS in Airbag Vehicle [1]
(0) No Injury
(1-6) AIS Severity
(7) Injured, unknown severity
(9) Unknown

DRIVER

Age: 25

Sex: MALE

54. Number of Driver Injuries [1]

55. Source of Best Injury Data [7]
(0) Not injured
(1) Autopsy
(2) Hospital Medical Records
(3) Emergency Room only
(4) Private physician, clinic
(5) Lay Coroner Report
(6) EMS Personnel
(7) Interviewee
(8) Police
(9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	1	45
Chest		
Abdomen		
Legs/Hips		
Other (Arms)		
Driver Maximum	1	45

EJECTION NA

Extent:

Portal:

OTHER VEHICLE: NA

Maximum AIS ____

Prime/Deploy Impact w AB Vehicle Event Number ____

CDC:

Total Delta V ____

Make:

Model Year:

Model:

Body Type:

NOTES:

AIRBAG SUPPLEMENT

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown 1

Evidence: INTERVIEW/PAR

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No 1

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

HANDS @ 9-6. RIGHT FOOT ON BRAKE. DRIVER DID BRACE.

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No 1

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelery play any role?:

NO FOREIGN OBJECTS INVOLVED.

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No 1

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

DRIVER AWARE OF SRS. NOT HAPPY W/ HIS ON-GOING SRS-RELATED INJURY.

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown 2

Describe:

B. Police Accident Report

[redacted] **Police Department**

INCIDENT REPORT

1 of 1

BEST AVAILABLE COPY

CASE #	INC. CODE	GEOCODE
[redacted]		3
ARREST # A.	☐ INITIAL REPORT ☐ FOLLOW-UP REPORT	

INCIDENT	LOCATION	
ACC	[redacted]	
DATE & TIME OCCURED: [redacted]92 [redacted]	DATE & TIME REPORTED: Same / 9	DATE & TIME OF THIS REPORT: Same
		CHECK IF MORE NAMES IN SUPPLEMENT ☐

CODES TO BE USED BELOW IN BOX MARKED 'CODE'
I - INVOLVED PARTICIPANT V - VICTIM W - WITNESS P - PARENT RP - REPORTING PARTY DC - DISCOVERED CRIME

Code	PRINCIPAL PARTY'S (OR FIRM'S) NAME (LAST, FIRST, M.I.)					RESIDENCE ADDRESS	RESIDENCE PHONE
D	[redacted]					[redacted]	
OCCUPATION, I.D.	SEX	RACE	AGE	DATE OF BIRTH		BUSINESS ADDRESS (SCHOOL IF JVNL.)	BUSINESS PHONE
Police Officer	M	W	25	[redacted]		[redacted]	[redacted]
Code	NAME (LAST, FIRST, M.I.)					RESIDENCE ADDRESS	RESIDENCE PHONE
OCCUPATION, I.D.	SEX	RACE	AGE	DATE OF BIRTH		BUSINESS ADDRESS (SCHOOL IF JVNL.)	BUSINESS PHONE
Code	NAME (LAST, FIRST, M.I.)					RESIDENCE ADDRESS	RESIDENCE PHONE
OCCUPATION, I.D.	SEX	RACE	AGE	DATE OF BIRTH		BUSINESS ADDRESS (SCHOOL IF JVNL.)	BUSINESS PHONE

SUSPECT NO. 1 (LAST, FIRST, INITIAL)	Sex	Race	Age	Hgt.	Wgt.	Hair	Eyes	Date of Birth	Arrested ☐ Yes ☐ No
ADDRESS, CLOTHING & OTHER IDENTIFYING MARKS & CHARACTERISTICS								S.S. #	Complexion
SUSPECT NO. 2 (LAST, FIRST, INITIAL)	Sex	Race	Age	Hgt.	Wgt.	Hair	Eyes	Date of Birth	Arrested ☐ Yes ☐ No
ADDRESS, CLOTHING & OTHER IDENTIFYING MARKS & CHARACTERISTICS								S.S. #	Complexion

VEH. COLOR	YEAR	MAKE	MODEL	BODY STYLE	REG #	STATE	VIN	DISPOSITION	Teletype Sent ☐ Yes ☐ No
White	1991	Ford	Crown	4-dr	[redacted] Police	R.I.	2FACP72[redacted]		

POINT OF ENTRY ☐ ROOF ☐ CELLAR ☐ DOOR ☐ WINDOW
FRONT ☐ REAR ☐ SIDE ☐ LATCHED ☐ UNLOCKED ☐ EXIT DIFF.

TYPE OF ENTRY ☐ OPEN ACCESS ☐ CONSTRUCTIVE
☐ NO VISIBLE FORCE ☐ FORCE TOOL ☐ KEY

CHECK IF PROPERTY DESCRIPTION IN SUPPLEMENT ☐

REPORT: COMPLETE ALL APPROPRIATE ITEMS ABOVE AND DESCRIBE INCIDENT AND ACTION TAKEN, BELOW. USE SUPPLEMENT IF NECESSARY

Sent to [redacted] to investigate an accident involving a Police Vehicle. Off. [redacted] was being attended to by members of [redacted] and Rescue [redacted] was on scene along with Chief [redacted] Off. [redacted] was answering a call at the [redacted] and while en-route skidded on slippery-wet pavement causing this vehicle to continue straight off the roadway and hitting a tree approx. 25' off the roadway. Complete front end of car was damaged along with rear quater damage to drivers side. Air bag did deploy on impact and it appeared that seatbelt was in use. Vehicle towed by [redacted] to station. Off. [redacted] transported to [redacted] Hosp. [redacted]. There were no witnesses to accident.

CONTINUED? ☑ NO ☐ SUPPLEMENT

CASE STATUS
ACTIVE
INACTIVE
UNFOUNDED
CLEARED

I HEREBY CERTIFY THAT THE CONTENTS OF THIS REPORT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BE[redacted]

REPORTING OFFICER [redacted]

SECOND OFFICER

SHIFT COMMANDER [redacted]

REVIEWER

COMPLAINANT'S SIGNATURE

FURTHER ACTION (PURGE INFO)

COPIES TO

BEST AVAILABLE COPY

Long Form

TOR VEHICLE ACCIDENT
ICE REPORT

MAIL OR DELIVER TO: R.I. DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
OFFICE OF SAFETY RESPONSIBILITY
345 HARRIS AVENUE
PROVIDENCE, RI 02909

[redacted]

DO NOT WRITE IN THIS SPACE
CASE NO 1

7

Month [redacted] Day [redacted] Year 9 2 Hour [redacted] Min [redacted] AM ☐ PM ☒

Total Vehicles Involved: 1 | Total Injured Involved: 1 | Total Pedestrians Involved: 0

Accident Occurred On (Print Name of Street or Highway) [redacted]

City or Town [redacted]

At Intersection With: (Name of Intersecting Street or Highway)

80 1

OR —NOT AT AN INTERSECTION, BUT

How many feet: 1 0 0 0 (Feet) In what direction N ☒ S ☐ E ☐ W ☐ From

Name of Nearest Intersection Street or Highway: [redacted] 80 2

Operator 1 Name [redacted] | Date of Birth [redacted] | Sex: M ☒ F ☐

Residence Address (No. and Street, City or Town, and State/Zip) [redacted]

7

Operator's License No. & State [redacted] | Vehicle Registration No. & State Police [redacted]

Vehicle Owner (Complete Name and Address) [redacted]

Vehicle Identification Number (VIN) 2FACP73[redacted] | Vehicle Make Ford | Year 91

Registration Classification (Passenger, Commercial, Suburban, Camper, etc.): Police | Direction In Which Vehicle was Going (X) N ☒ S ☐ E ☐ W ☐

Operator 2 Name | Date of Birth | Sex: M ☐ F ☐

Residence Address (No. and Street, City or Town, and State/Zip)

Operator's License No. & State | Vehicle Registration No. & State

Vehicle Owner (Complete Name and Address)

Vehicle Identification Number (VIN) | Vehicle Make | Year

Registration Classification (Passenger, Commercial, Suburban, Camper, etc.): | Direction In Which Vehicle was Going (X) N ☐ S ☐ E ☐ W ☐

3

Time Notified of Accident Hr 2 1 Min. 3 9 AM ☐ PM ☒ Date: [redacted]

Was Investigation Conducted at Scene? 17 Yes ☒ No ☐

Kind of road: S/Lane Paved

8

WITNESSES

Name
Street City/Town State/Zip
Name
Street City/Town State/Zip
Name
Street City/Town State/Zip

Damage to Veh 1 Front End
Veh 1 towed to [redacted] Police Dept.
Damage to Veh 2
Veh 2 towed to
License Restriction No 1
License Restriction No 2
ICC No 1 ICC No 2

3

1

ARRESTS

Name Address
Charge:
Name Address
Charge:

2

Investigating Officer [signature] [redacted]

4

Badge Number 19 | Dept. Number [redacted] | Date of Report: [redacted]-92 80 7

Altitude: | Traffic: Light | Day of Week [redacted]

Name [redacted]
City/Town Zip
Police [redacted]
Name
City/Town Zip

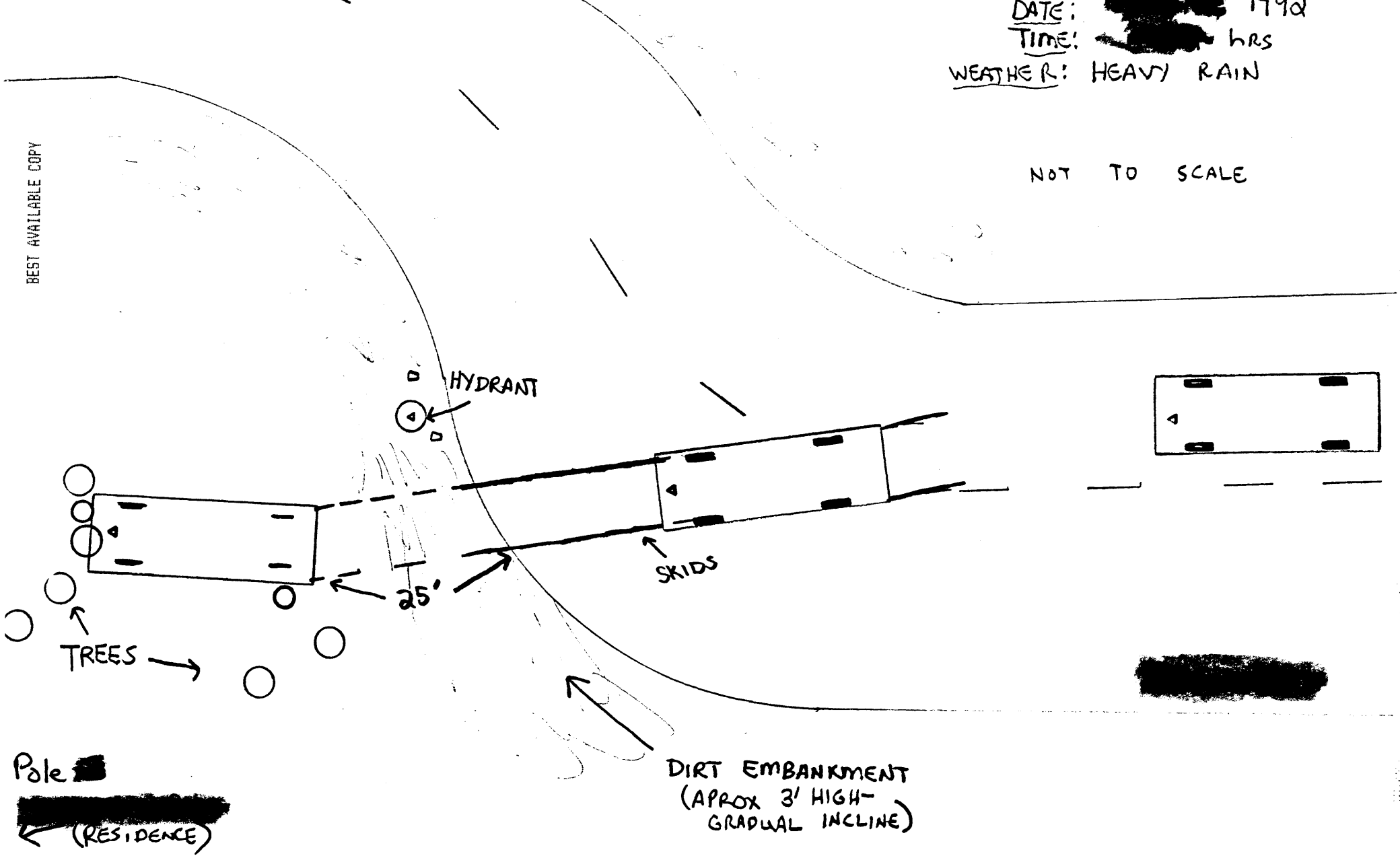
[redacted]

2 Rev 10/75

Opr. 1 Last Name [redacted] First M.I. Sex M F DOB Age 25 S/R/DOB Inj. No Inj
Crime Code | Arrest No
Opr. 2 Last Name [redacted] First M.I. Sex M F S/R/DOB Age No Inj
Address City State
Opr. 1 State Code | Opr. 2 State Code | Road on which accident occurred (U.S. or State) [redacted] / Give name of street or highway no. | Street Code
Check and complete one of the following:
At the intersection with: Name of Intersecting St. or Highway | Street Code
OR
Not at intersection n/e s/w FEET 1000 FEET [redacted] | Street Code

DATE: [redacted] 1992
TIME: [redacted] hrs
WEATHER: HEAVY RAIN

NOT TO SCALE



(FOR ILLUSTRATION PURPOSES ONLY)