

MULTIDISCIPLINARY ACCIDENT INVESTIGATION

OAKLAND COUNTY/PASSENGER VAN (SCHOOL BUS)/
PASSENGER CAR/RURAL INTERSECTION COLLISION/FATAL
#AA-454

THE UNIVERSITY OF MICHIGAN

HIGHWAY SAFETY RESEARCH INSTITUTE

ANN ARBOR, MICHIGAN 48105

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**U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590**



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16. Abstract <p>This report is an in-depth, off-scene vehicle accident study involving a 1976 Dodge Sportsman Maxivan passenger van (being used as a school bus) and a 1963 Mercury Monterey passenger car in a rural intersection collision with subsequent school bus rollover. The bus carried 18 students in addition to the driver. During the rollover 6 passengers were ejected from the school bus. Overall injury to the ejected occupants was severe with one ejected occupant injured fatally (Maximum AIS-5). The study indicated that the primary cause of the accident was driver intoxication (passenger car driver) and inattention. The structural components of the school bus were evaluated in terms of vehicle safety and it was determined that such passenger van school buses cannot be deemed safe for their intended purpose.</p>			
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CONTENTS

Case Summary.	1
Accident Schematic.	21
Photo Index	37
Photos.	39
Slide Index	55
Appendices	
A - Precrash Seating Chart with Probable Kinematics of Ejected Occupants.	59
B - Map of Area.	63
C - Police Accident Report	67
D - Autopsy Report	75
E - Collision Performance and Injury Report (Vehicle 1).	83
F - Collision Performance and Injury Report (Vehicle 2).	139

Slides

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CASE SUMMARY
#AA-454

Identification

Location: Intersection of Predmore Road and Lake George Road, near town of Lake Orion, Oakland County, Michigan

Area/Type: Rural/farm/intersection

Day/Date/Time: Friday, April 29, 1977, 1455 hours

Accident Type: Passenger van¹/single passenger car/side collision/rollover

Injury Severity: Maximum AIS 05²
OASIS 06³, Fatal

Ambience

Viewing Conditions: Day, good visibility, trees/brush probably obstructing view of intersection on eastbound Predmore Road

Cloud Cover: None

Precipitation: None

Road Surface: Dry

Temperature: 60-65°

Relative Humidity: 25-30%

Wind: NNW 8 mph, not a factor

Coefficient of Friction: 0.50 (estimated)

¹Passenger van being used as a school bus.

²American Medical Association Abbreviated Injury Scale (AIS), 1975 Revision (see Appendix F).

³Overall Severity of Injury (see Appendix F).

Highway #1

Identification: Lake George Road (at Predmore), Oakland County, Michigan

Type: Gravel/primary/rural

Traffic Density: Lake George north of Predmore (April) = 392
(Average Daily Traffic = ADT) Lake George south of Predmore (April) = 960

Width: 32 feet

Number of Traffic Lanes: 2

Median: None

Road Edge: Earthen embankment to road edge with no ditches

Configuration: Road straight/level

Accesses Per 1/4 Mile: None

Poles/Trees Per 1/4 Mile: Numerous trees and telephone poles within 3-6 feet of road edge (heavily wooded). Road edge cleared of brush/trees at intersection.

Accident History: No accidents reported in the period 1969-1975

Highway #2

Identification: Predmore Road (at Lake George Road), Oakland County, Michigan

Type: Gravel/secondary/rural

Traffic Density: Predmore east of Lake George (April) = 825
(Average Daily Traffic = ADT) Predmore west of Lake George (April) = 165

Width: 25 feet

Number of Traffic Lanes: 2

Median: None

Road Edge: No embankment/ditch
Heavy brush/trees within 1-2 feet of eastbound road edge

Configuration: Road straight/level

Accesses Per
1/4 Mile: None

Poles/Trees Per
1/4 Mile: Numerous trees/telephone poles within 3-6 feet of road edge. Heavy brush/trees within 1-2 feet of eastbound road edge.

Accident History: No accidents reported in the period 1969-1975

Traffic Controls

Signals: None

Markings: None

Signs: "Stop" signs at eastbound and westbound Predmore. There were no "Stop Ahead" warning signs from either direction.

Speed Limit: Not posted (State of Michigan law sets rural unposted speed limits at 55 mph)

Vehicle (V-1)

Description: 1963 Mercury Monterey, 4-door sedan

Odometer: 79,749 miles

Inspection: No information available. Inspection of passenger vehicles not mandatory in State of Michigan

Transmission: Automatic transmission with steering column mounted selector lever

Steering: Power

Brakes: Power

Padded Components: Armrest, instrument panel

Lap Belts: None

Shoulder Belts: None

Defects: All four tires exhibited heavy tread wear. Inspection of the brake system revealed a serious leak in the rear brake line near the left rear axle. The leak in the brake line was caused by gradual contact wear with the exhaust pipe.

Maintenance: Inspection of the trunk revealed the presence of two cans of brake fluid. One can was empty and the other can was partially full. (This would indicate that the owner of the vehicle had been aware for some time of a gradual leak in the brake line but had failed to make the necessary repairs.)

Vehicle Damage: Exterior-Front

Sheet metal crush:
Bumper, grill, both headlight assemblies, hood, hood latch damaged and released, left and right front fenders.

Interior

Small dent to left of glove compartment.

CDC:⁴

Primary: 12-FDEW-2 (frontal impact)

Repair Cost:

Repair cost unknown

⁴Collision Deformation Classification (CDC), in accordance with recommended practice of vehicle deformation classification set forth in SAE Technical Report J224a. This classification is a method of scaling and identifying vehicle damage for research purposes (replaces former classification of VDI - Vehicle Deformation Index).

Occupants (V-1)

Driver: Male, 24, 67", 145 lbs.

Occupation: Unknown*

Marital Status: Unknown*

Driving Experience: Unknown*

Previous Accidents: Unknown*

Previous Violations: Unknown*

Trip Plan: The three occupants had come 25-30 miles from home in order to drink alcoholic beverages on secluded State land off Predmore Road (one mile west of the scene of the collision). At the time of the collision the occupants were returning home.

Area/Route

Familiarity: Driver unfamiliar with this rural roadway

Driver Education: State of Michigan operator's license

Physical Condition: Legally intoxicated (BAC .17)⁵

Mental Condition: Unknown

Vision: Unknown if corrective lenses were required for license

Restraint Use: None

Injury: No injury

⁵This Blood Alcohol Concentration (BAC) based on information from Michigan Department of Education. Exact BAC could not be obtained from police at time of printing.

*Criminal charges were brought against the driver and occupants, hence driver background information was unobtainable.

Passengers

P-2: Male, 50, height and weight unknown
Seated Position: Front center passenger
Restraint Use: None
Injury: Unknown, passenger legally intoxicated

P-3: Male, 62, height and weight unknown
Seated Position: Front right passenger
Restraint Use: None
Injury: Unknown, passenger legally intoxicated

Vehicle (V-2)

Description: 1976 Dodge Sportsman Maxivan passenger van, Series 300, 15 passenger rated capacity⁶

Odometer: 40,995 miles

Inspection Date: Unknown (Unlike inspection requirements for publicly owned school buses, Michigan law does not require periodic inspection of vehicles used for transporting children to private schools.)

Transmission: Automatic transmission with steering column mounted selector lever

Steering: Manual

Brakes: Manual

Padding: Seat backs, armrests, instrument panel

Lap Belts: Provided for drivers seat position and ten other passenger seat positions. Belts deliberately defeated, some fastened and/or knotted and trucked under seat frames.

Shoulder Belts: None*

Defects: Left front, right front and right rear tires bald or exhibited excessive wear

Maintenance: The passenger van driver stated that the vehicle had been frequently maintained and had been serviced by a local garage one week prior to the collision.

Vehicle Damage: Exterior - Front

Left and right hood latches damaged. Windshield cracked, broken and completely disengaged from body with 100% bond separation.

⁶Manufacturer's rating.

*This vehicle is designated as a passenger van and is not required by Federal Motor Vehicle Safety Standards to contain upper torso restraints.

Exterior - Left

Upper "A" pillar damaged and separated. Lower "A" pillar damaged. Upper and lower "B" pillar damaged. Pillar at rear damaged. Roof side rail damaged and buckled. Front door latches damaged and released. Centerwindows completely broken out of frame. Side exterior panels damaged.

Exterior - Rear

Rear door deformation with damaged latches. Latches held. Door jammed partially open (not available for egress). Rear window top frame damaged. Rear right window broken out of frame.

Exterior - Right

Upper "A" pillar damaged and partially separated. All other pillars (except "B" pillar) severely damaged and buckled. Roof side rail damaged and buckled. Rear rocker panel crushed upward. Right rear door latch damaged and released (latch held but weld broke). Side door hinge damaged. Right rear side window and right side door windows completely broken out of frame. 4-5" sheet metal crush right rear panel. All remaining panels damaged from roll/impact. Right middle window cracked and partially broken out of frame.

Exterior - Roof

Severe deformation right rear with 5-6" sheet metal crush.

Exterior - Chassis/Undercarriage

Right rear wheel rim severely damaged. Right front wheel rim dented. Left front tire cambered 20° inward from rollover.

Interior - Roof/Side

Damage and separation of left/right roof side rails. 9-12" upward deformation of

roof from centerline. Left rear interior support pillars damaged and separated. Right rear interior support pillars damaged and separated. Right side door damaged. Windshield top molding damaged.

CDC: Primary: 00-XDAO-4 (from rollover)
Secondary: 03-RDEW-2 (from side impact)

Repair Cost: Nonrepairable (replacement cost unknown)

Occupants (V-2)

Driver (D-1): Female, 23, 65", 125 lbs.
Occupation: Full-time bus driver
Marital Status: Single
Driving Experience: Had been driving pupil transportation vehicles full-time 1 1/2 years
Previous Accidents: None
Previous Violations: None
Trip Plan: From school (on Indian Lake Road) along established route to home of each of 18 passengers. Total trip 80 miles. Collision occurred 2 miles from point of departure.
Area/Route Familiarity: Drives this route twice a day/5 days a week; area resident
Driver Education: Chauffeur's license only - no state certification
Physical Condition: Good
Mental Condition: Good
Vision: Corrective lenses not required for license
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusions, legs (unspecified)	Minor	(1)	Unknown
Pain, head	Minor	(1)	Driver's door
Pain, upper left shoulder	Minor	(1)	Driver's door
Overall Injury (OAIS)	Minor	(1)	

P-2: (Ejected) Female, 9-years-old, 53", 75 lbs.

Seated Position: Front right passenger
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Unspecified severe laceration, scalp	Moderate	(2)	Roof/windshield/ground
Cerebral concussion	Moderate	(2)	Roof/windshield/ground

Contusion, buttocks	Minor	(1)	Steering wheel/ ground
Contusion, whole right side body	Minor	(1)	Steering wheel/ ground
Overall Injury (OAIS)	Moderate	(2)	

P-3: Female, 13-years-old, 61", 92 lbs.

Seated Position: Row 1, left window
 Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusion, top of scalp	Minor	(1)	Roof
Contusion, left eye	Minor	(1)	Roof
Contusions, both legs	Minor	(1)	Seat back/floor
Overall Injury (OAIS)	Minor	(1)	

P-4: Female, 10-years-old, 60", 75 lbs.

Seated Position: Row 1, left center
 Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Laceration, right leg/ knee	Minor	(1)	Unknown
Laceration, left wrist/ hand	Minor	(1)	Unknown
Overall Injury (OAIS)	Minor	(1)	

P-5: Male, 10-years-old, 61", 95 lbs.

Seated Position: Row 1, right center
 Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusion, left eye/nose	Minor	(1)	Roof
Contusion, back of head	Minor	(1)	Roof
Stiff neck	Minor	(1)	Roof
Contusion, right knee	Minor	(1)	Door latch/fire extinguisher
Overall Injury (OAIS)	Minor	(1)	

P-6: Male, 15-years-old, 69", 155 lbs.

Seated Position: Row 1, right aisle
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusion, back of head	Minor	(1)	Unknown
Fracture, clavicle	Moderate	(2)	Unknown
Fracture, humerus	Moderate	(2)	Unknown
Overall Injury (OAIS)	Moderate	(2)	

P-7: Female, 10-years-old, 56", weight unknown

Seated Position: Row 2, left window
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Small contusion unspecified, head	Minor	(1)	Unknown
Overall Injury (OAIS)	Minor	(1)	

P-8: Female, 14-years-old, 60", 108 lbs.

Seated Position: Row 2, left center
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusions, both shoulders	Minor	(1)	Unknown
Contusion, right side back	Minor	(1)	Floor
Overall Injury (OAIS)	Minor	(1)	

P-9: (Ejected) Female, 9-years-old, 54", 65 lbs.

Seated Position: Row 2, right center
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Lacerations, left side face	Moderate	(2)	Van engine cover/ground
Fracture, unspecified skull	Moderate	(2)	Van engine cover/ground
Laceration, right ear	Minor	(1)	Van engine cover/ground

Fracture, right shoulder	Moderate	(2)	Upper instrument panel/windshield/ground
Fracture, left shoulder	Moderate	(2)	Upper instrument panel/windshield/ground
Laceration, left shoulder	Minor	(1)	Upper instrument panel/windshield/ground
Lacerations, upper right arm	Minor	(1)	Upper instrument panel/windshield/ground
Laceration, severe left arm	Moderate	(2)	Upper instrument panel/windshield/ground
Overall Injury (OAIS)	Moderate	(2)	

P-10: (Ejected) Male, 12-years-old, 54", weight unknown

Seated Position: Standing in aisleway (see seating chart)
 Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Fatally injured	---	---	---
Contusion, brain	Critical	(5)	Roof/roof side rail/"A" pillar/ground
Compound comminuted fracture, skull (with subdural hemorrhage)	Serious	(4)	Roof/roof side rail/"A" pillar/ground
Laceration, spleen	Serious	(4)	Armrest/"A" pillar/door/ground
Fracture, pelvis	Moderate	(2)	Armrest/"A" pillar/door/ground
Abrasions/contusions, whole body	Minor	(1)	Armrest/"A" pillar/door/ground
Overall Injury (OAIS)	Maximum	(6)	
	Untreatable		

P-11: (Ejected) Male, 8-years-old, 54", 65 lbs.

Seated Position: Row 3, left window
 Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Lacerations, right/left hands	Minor	(1)	Window glass/frame/ground
Contusions, left hand	Minor	(1)	Window frame/ground
Fracture, left thumb	Minor	(1)	Window frame/ground
Fracture, left knee cap	Moderate	(2)	Window frame/ground
Contusions, whole body	Minor	(1)	Window frame/ground
Overall Injury (OAIS)	Moderate	(2)	

P-12: (Ejected) Male, 10-years-old, 58", 77 lbs.

Seated Position: Row 3, left center
 Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusion, left chin	Minor	(1)	Window frame/ground
Contusions, right/left upper arms	Minor	(1)	Window frame/ground
Laceration, lower left arm/elbow	Moderate	(2)	Window glass/frame/ground
Contusions, left knee	Minor	(1)	Window frame/ground
Overall Injury (OAIS)	Moderate	(2)	

P-13: Male, 8-years-old, 52", 60 lbs.

Seated Position: Row 3, right center
 Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusions, forehead	Minor	(1)	Floor
Pain, upper legs/groin	Minor	(1)	Seat back
Overall Injury (OAIS)	Minor	(1)	

P-14: (Ejected) Male, 12-years-old, 59", 112 lbs.

Seated Position: Row 3, right aisle
 Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Laceration, right lung	Serious	(4)	Window frames/ ground
Lacerations, liver	Serious	(4)	Window frame/ ground
Laceration, back of pancreas	Serious	(4)	Window frame/ ground
Fracture, orbit right eye	Severe	(3)	Roof/ground
Minimal fracture, skull right side	Moderate	(2)	Roof/ground
Laceration, left ear	Minor	(1)	Roof/ground
Contusion, left side head	Minor	(1)	Roof/ground
Dislocation, humerus/ scapula left shoulder	Severe	(3)	Ground
Abrasion, left shoulder	Minor	(1)	Ground
Lacerations, right elbow, arm, hand	Minor	(1)	Window frame/ ground
Abrasions, right elbow, arm, hand	Minor	(1)	Window frame/ ground
Fracture, right pelvis	Moderate	(2)	Roof/ground
Contusion/pain, left thigh	Minor	(1)	Window frame/ ground
Abrasions, left leg/ ankle	Minor	(1)	Window frame/ ground
Overall Injury (O AIS)	Critical	(5)	

P-15: Female, 8-years-old, height/weight unknown

Seated Position: Row 4, left window
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusion, head	Minor	(1)	Roof
Muscles stiff, neck	Minor	(1)	Roof
Contusion, right thigh	Minor	(1)	Seat back
Overall Injury (O AIS)	Minor	(1)	

P-16: Female, 5-years-old, 40", 38 lbs.

Seated Position: Row 4, left center
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusions, leg	Minor	(1)	Under seat bottom
Laceration, ankle	Minor	(1)	Under seat bottom
Overall Injury (O AIS)	Minor	(1)	

P-17: Male, 5-years-old, 47", 52 lbs.

Seated Position: Row 4, center
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusions, left/right scapula	Minor	(1)	Floor
Overall Injury (O AIS)	Minor	(1)	

P-18: Male, 6-years-old, 47", 51 lbs.

Seated Position: Row 4, right center
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Contusions, head/face	Minor	(1)	Roof
Dislocation, elbow (came through skin)	Severe	(3)	Unknown
Overall Injury (O AIS)	Severe	(3)	

P-19: Male, 13-years-old, 59", 95 lbs.

Seated Position: Row 4, right window
Restraint Use: None

<u>Injury</u>	<u>Severity</u>	<u>AIS</u>	<u>Probable Contact</u>
Laceration, top scalp	Minor	(1)	Roof
Pain, unspecified back	Minor	(1)	Unknown
Pain, unspecified leg	Minor	(1)	Unknown
Overall Injury (O AIS)	Minor	(1)	

The following is an analysis of the average overall injury severity of both the ejected and non-ejected occupants:

	<u>Number</u>	<u>Average (\bar{x}) O AIS*</u>
Ejected	6	3.17
Non-ejected	13	1.23

*O AIS Scale: 0 = No injury
1 = Minor
2 = Moderate
3 = Severe
4 = Serious, dangerous
5 = Critical
6 = Maximum untreatable

Accident Description

Preocrash: V-1, a 1963 Mercury Monterey, 4-door passenger car was traveling east on Predmore Road at 35-50 mph (estimated by police). The driver (D-1) of V-1 was intoxicated and had assumed control of the vehicle from the owner, who was also intoxicated, as was a front seated passenger in V-1. D-1 was unfamiliar with both the vehicle and the roadway. Despite the dense brush and trees bordering the narrow road, there were no "Stop Ahead" signs to warn D-1 of the intersection he was approaching. D-1 did not see the "Stop" sign on Predmore at Lake George Road until he was within 15-20 feet of the intersection. D-1 applied the brakes but they did not respond and the car continued on into the intersection. D-1 then saw the school bus coming from the north through the intersection on Lake George Road, and attempted an evasive maneuver by steering hard to the left in a north-easterly direction (see Accident Schematic).

V-2, a 1976 Dodge Sportsman Maxivan passenger van, was traveling south on Lake George Road at approximately 40-45 mph (estimated by V-2 driver and passengers). V-2 was two miles from its point of departure and several of the children in the van/bus were switching seats while the bus was in motion. The driver (D-2) of V-2 ordinarily maintained a very strict seating chart, but one day a month allowed the children to switch seats and sit wherever they pleased. The day of the collision was that day the children were allowed to switch seats. Approximately 5-10 seconds prior to the collision two of the children were standing or moving in the aisleway. This movement might have caused a momentary distraction for D-2. D-2 slowed to 30-35 mph (estimated by V-2 passengers) at Predmore Road intersection and saw V-1 to her right, traveling eastbound towards the intersection at a high speed. D-2 responded with an evasive maneuver steering hard to the left in a south-easterly direction. At this point P-13 had just sat down and P-10 was standing in the aisleway next to the double side doors which faced the direction of the impending impact.

Crash: The right front of V-1 contacted the center right side of V-2. At the point of impact V-2 rotated clockwise approximately 100° to a southwest direction. V-2 continued yawing in a clockwise direction down the center of southbound Lake George Road until it was approximately 52 feet from the point of impact (=44' from RP1 - see Accident Schematic). At 44 feet from RP1, V-2 faced due west and was traveling perpendicular to the roadway. V-2 slid laterally for 8 feet and at 52 feet from RP1 began to rollover. V-2 rolled one complete roll and fell over onto its left side where it came to rest in the middle of Lake George Road facing northwest approximately 135 feet from RP1. V-2 had continued its clockwise yaw throughout the rollover and had rolled a total distance of 82 feet.

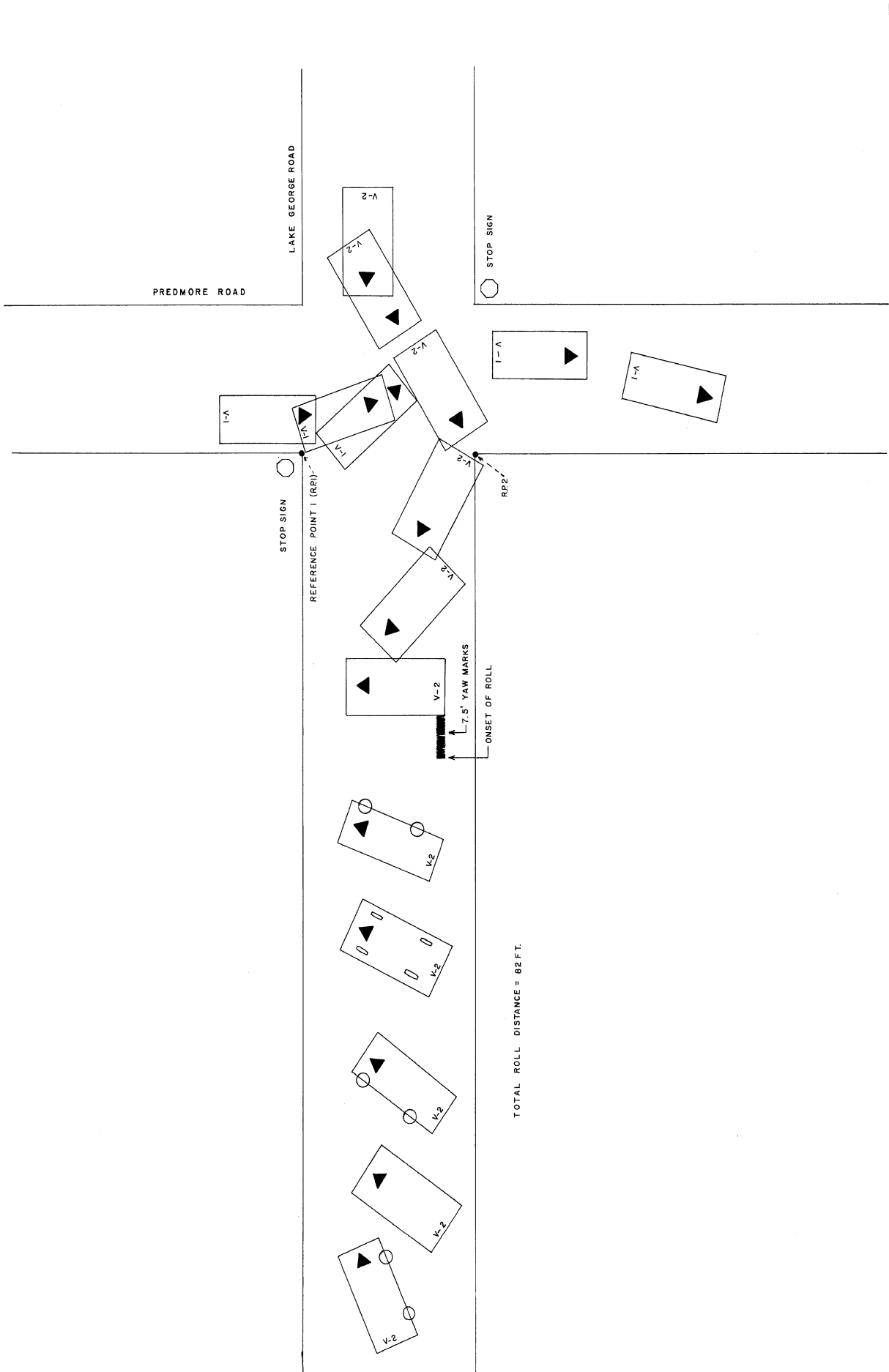
At the point of impact V-1 rotated clockwise 45° to the direction of due east. V-1 then continued in a east-south-east direction where it came to rest 55 feet from RP2.

Twelve passengers and the driver remained in V-2 during the rollover, while six were ejected. Two passengers were ejected out the windshield opening and two were ejected out of the broken left side center window. One passenger who was standing in the aisleway at the time of impact was ejected out the open right side doors and another passenger was thrown out through the large broken right side window. Most of the occupants received minor to moderate lacerations from broken glass and damaged right and left roof rails with separated roof supports. Most of the occupants received some level of head injury due to contact with the hostile environment of an un-padded severely deformed roof. All occupants received small abrasions and contusions from being thrown out of their seats into the sides of the interior and into other occupants. The overall average injury of the ejected occupants was severe with one fatality, while those who were not ejected sustained an average of only minor injuries.*

The school bus sustained considerable damage in the rollover. Damage to the right side included pillar damage with some separating, right roof side rail damage with buckling, door deformation, and window loss. Left side damage included pillar damage, roof side rail damage and window loss. The rear doors jammed and were not available for egress. The roof sustained upward deformation of 9-12 inches.

Postcrash: Witnesses and passengers helped to extricate injured and non-injured occupants. Police arrived 8 minutes after the accident and 14 occupants were transported to the hospital. Four passengers of V-2 were admitted to hospitals with one passenger dead on arrival. The bus was towed from the scene. No fires, explosions or traffic problems resulted from the accident.

*Based on OAIS Injury Scale. See detailed occupant injury section. In addition, see Appendix A for detailed kinematics of ejected occupants.



TOTAL ROLL DISTANCE = 82 FT.



AA454
ACCIDENT SCHEMATIC

Standards

One area of concern given special attention at both the federal and state level, involves the legislation of safety standards in the transportation of children to and from school. With the enactment in 1966 of the National Traffic and Motor Vehicle Safety Act, the federal government was given responsibility for developing and promulgating motor vehicle safety standards applicable to motor vehicles sold in the United States. Twenty-eight of these Federal Motor Vehicle Safety Standards (FMVSS) are currently applicable to school buses. In addition, Standard 17, Pupil Transportation was developed for the purpose of improving State programs for transporting pupils, and to provide a guideline for each state to establish uniform policies which comply with the provisions of this standard. TSPS #17 establishes minimum requirements in the areas of identification, operation and maintenance of school buses, as well as administration and training of personnel.

One difficulty in assessing the performance of the passenger van being used as a school bus in this crash, is a conflict in the exact definition of a "school bus". TSPS #17 defines a "Type I school vehicle" as: "Any motor vehicle with motive power, except a trailer, used to carry more than 16 pupils to and from school". A "Type II school vehicle" is defined as: "Any motor vehicle used to carry 16 or less pupils to or from school. This does not include private motor vehicles used to carry members of the owners household". In addition, the federal standards (FMVSS) specify definitive performance requirements for the structural integrity of the passenger compartment, fuel system, body joints, seats, window/windshield and other body components, when subjected to forces encountered in impact. These performance requirements exceed the normal requirements for a passenger van.

Not entirely consistent with the federal performance requirements and definitions for school buses are those definitions specified by the State of Michigan. In the Michigan Vehicle Code 257.57 a school bus is defined: "'School bus' means every motor vehicle, except station wagons, with a manufacturers' rated seating capacity of eight or more children owned by a public, private or governmental agency and operated for the transportation of children to or from school, or privately owned and operated for compensation for the transportation of children to or from school". Section 340.1201 differentiates even further:

- a) "Carry-all" means a motor vehicle designed to carry not more than ten passengers and built on a truck chassis. Entry to seats is provided by a door and an aisle.

- c) "Passenger-van" means a motor vehicle designed to carry nine to 16 passengers and built on a truck chassis, with a compartment designed to carry freight but modified to carry passengers. Entry to seats is provided by a door and an aisle.
- d) "School bus" or "bus" means a motor vehicle used for transportation of school children to and from school which is owned by a school district or, if privately owned, is transporting school children under a contract with a school district. It includes a "carry-all" and a "passenger van" but does not include a "station wagon".
- e) "Station wagon" means a motor vehicle designed to carry not more than ten passengers and built on a passenger vehicle chassis, in which the seating arrangement extends the full width of the interior.

After reviewing both the federal standards and the State of Michigan standards, the inconsistencies become more pronounced. The federal standards specify that a school bus must be in a Type I or Type II category and meet stringent performance requirements. The State of Michigan, however, specifies that a school bus must be Type I or Type II, but also allows "passenger vans" and "carry-alls" to fall within the school bus definition. "Passenger vans" and "carry-alls" are not subject to the stringent federal performance requirements of their Type I and Type II counterparts, and cannot be deemed adequate for their intended purpose.

The vehicle involved in this collision was purchased privately through a retail dealership. This vehicle was a 1976 Dodge Sportsman Maxivan passenger van, Series 300, 15 passenger (manufacturers rated) capacity. Entry to the passenger compartment was through a double door on the right side, and the van, in addition to the driver and front right passenger seats, had an aisleway with three rows of bench seats and a fourth row bench seat extending the width of the interior at the rear. According to Federal law this vehicle could not be classified as a school bus (neither Type I nor Type II), because it could not meet the stringent performance requirements. According to State of Michigan law this van would be defined as a school bus, because it met all the requirements for a "passenger van" (i.e., "a motor vehicle designed to carry 9-16 passengers, built on a truck chassis, with a compartment designed to carry freight but modified to carry passengers, with entry to seats provided by a door and an aisle"). However, the retail dealership, the private school, and the State of Michigan, each knowing the intended purpose of this passenger van, chose to ignore its valid classification, and instead registered and titled this vehicle as a "station wagon". This vehicle could not possibly be construed as a "station wagon" (i.e., "a motor vehicle designed to carry not more than ten passengers, and built on

a passenger vehicle chassis, in which the seating arrangement extends the full width of the interior"). It is interesting to note here, that the Federal Register, Vol. 40, No. 251, page 60034, Wednesday, December 31, 1975 states: "If a vehicle is originally produced as a non-school vehicle (a van-type multipurpose passenger vehicle (MPV), for example), and subsequently is sold by a dealer for school transportation purposes, it is the dealer who will be held for any noncompliance with school bus standards, not the manufacturer".

Registered as a "station wagon" this vehicle was no longer even eligible for the State of Michigan definition of a "school bus". Since many financially hard pressed school districts and private schools take advantage of this questionable loophole in definition, it is incumbent upon all those concerned and entrusted with pupil safety that this conflict and inconsistency between State and Federal standards be resolved.

Because this situation is not unique, we have chosen to approach the Standards section of this report from two distinct directions. In the first section we will analyze this vehicle as though it were registered/titled under its valid classification (passenger van), and would therefore meet the State of Michigan definition of a "school bus". In the second section we will analyze this vehicle as a "station wagon".

Passenger Van Classification. If this passenger van were to be registered under its valid classification, it would meet the State of Michigan definition of a "school bus". Therefore the following Traffic Safety Program Standards (TSPS), Motor Vehicle Safety Standards (MVSS), Vehicle Equipment Safety Commission (VESC) guidelines, and State of Michigan (S.O.M.) safety specifications are directly relevant to this collision:

<u>Standard</u>	<u>Relevant Aspect</u>
TSPS #17	<u>Belted Driver.</u> TSPS #17 states: "Drivers of school vehicles equipped with lap belts shall be required to wear them whenever the vehicle is in motion". Belted drivers under most conditions maintain better control of vehicle during pre- and post-impact phase of the collision. The driver of this school bus was not belted.
VESC #13 SOM R340. 1202 MVSS #217	<u>Rear Door Emergency Exit.</u> This bus had a seat running the full length of rear interior. The only available egress out rear exit was over the rear seat-seat back, which was 16-18 inches from roof. There was not an aisleway leading to rear exit nor were there any signs identifying the rear doors as an emergency exit. VESC #13 which applies to Type II school buses, but is a nonmandatory guideline, states that "An emergency exit shall be located in the rear and near center...of the bus body.

The door shall be clearly marked "Emergency Exit" in letters....". "The passage to the emergency door shall be kept clear of obstructions". State of Michigan (SOM) R340.1202 establishes minimum standards for school buses using standards promulgated by the National Commission on Safety Education. The section entitled "Emergency Door and Emergency Window" states:

- "f. No seat or other object shall be so placed in bus as to restrict any part of passage-way leading to either rear or left-side (rear) emergency door...
- g. Words "Emergency Door" both inside and outside in letters at least two inches high, shall be placed at top or directly above emergency door."

MVSS #217, Section S5.5.3 states that "Each school bus emergency exit...shall have the designation "Emergency Door" or "Emergency Exit", in letters at least two inches high..."

MVSS #217
VESC #13

Window Retention/Release. The windows in this bus were not available for emergency egress. Those windows that did partially open (1-2 inches) were held by latches, which contributed to the hostile injury producing environment in the rollover. Most of the large windows in this vehicle were disengaged during the impact and rollover, and permitted the ejection of several occupants. MVSS #217 states that to meet the unobstructed openings requirement the bus must include "windows that can be opened manually to a position that provides an opening large enough to admit unobstructed passage..." VESC #13 states that for a Type II school bus "All side windows shall operate freely. Those, except the driver's...shall provide an opening at least 7x22 inches. Bus side windows shall be equipped with no latches other than those of the recessed type."

MVSS #220
VESC #13
SOM R340.
1202

Rollover Protection. VESC #13 and SOM R340.1202 specify that: "The bus body shall be of sufficient strength to support the entire weight of the fully loaded vehicle on its top or side if overturned. The body shall be designed and built to provide impact and penetration resistance into the passenger compartment. The body after testing in accordance with the code must not exceed the following measurements:

- A) Deflection at center of roof bow...3.00 inches
- B) Deflection at each side pillar at window sill.....1.00 inches
- C) Deflection at center of floor..... .40 inches"

MVSS #220 specifies that "when a force equal to 1-1/2 times the unloaded vehicle weight is applied to the roof of the vehicles body... a) the downward vertical movement at any point on the application plate shall not exceed 5-1/8 inches." The deformation of the roof in this vehicle was 9-12 inches.

VESC #13
SOM R340.
1202

Body Joint Strength. VESC #13 and SOM R340.1202 specify that "the bus body (including roof bows, body posts, strainers, stringers, floor, inner linings, outer panels, rub rails and other reinforcements) shall be of sufficient strength to support the entire weight of the fully loaded vehicle on its top or side if overturned. The bus body, as unit, shall be designed and built to provide impact and penetration resistance." The school bus involved in this collision sustained extensive damage to the sheetmetal on the right rear panels. The roof bows, body posts and other reinforcements experienced extensive deformation. This interior sidewall and roof deformation produced a hostile environment that increased the severity of occupant injuries.

MVSS #221 is concerned with the performance requirements of the various internal structures of school buses, but applies only to school buses with GVW of more than 10,000 pounds.

SOM R340.
1202
VESC #13

Interior Padding/Insulation. SOM R340.1202 states that "Interior of bus shall be free of all unnecessary projections likely to cause injury. This standard requires inner lining on ceilings and walls. If the ceiling is constructed so as to contain lapped joints, the forward panel shall be lapped by the rear panel and exposed edges shall be beaded, hemmed, flanged, or otherwise treated to minimize sharp edges".

VESC #13 states "The interior of the bus shall be free of all projections likely to cause injury. An inner lining shall be provided on ceiling and walls. Forward panels and other components shall be lapped by rearward panels or components in a manner which, in the event of separation, will

reduce the probability of exposure of sharp edges or other injury producing surfaces to the seated occupants. Exposed edges shall be beaded, hemmed or flanged".

Due to the extensive deformation of the roof, roof bows, interior pillars and sidewall, many sharp metal edges were exposed, which significantly increased occupant injury. Adequate interior padding and insulation would have contained the sharp and uncovered metal edges and would have significantly attenuated occupant injury.

MVSS #301

Fuel System Integrity. MVSS #301 specifies performance requirements for the integrity and security of fuel tanks, fuel tank filler pipes and fuel tank connections by limiting fuel spillage and minimizing subsequent fire hazard incidental to severe impact or rollover. The fuel tank and fuel system in this school bus remained intact with no fuel leakage, despite the severity of the rollover. This positive factor eliminated the danger of postcrash injury or fatality due to fire. Postcrash fire could have been potentially disastrous in this collision due to lack of adequate emergency egress (windows, emergency doors, emergency windows, etc.).

MVSS #207

Seating Systems. This standard establishes requirements for seats, their attachment assemblies and their installation to minimize the possibility of failure resulting from forces acting on the seat during impact. This standard is applicable only to those vehicles that meet the Federal definition of "school bus". The seat anchorages in this bus held the seats secure throughout the crash and subsequent severe rollover. This positive factor significantly reduced occupant injury.

SOM R340.
1202

Padded Seats. SOM R340.1202 specifies that "seats shall be covered with fire-resistant padding material and comfortably upholstered with adequate padding". The padded seats used in this school bus helped to reduce occupant injury. The only fatality in this collision was a non-seated passenger who was ejected from the vehicle. Non-seated passengers are not afforded the occupant protection of padded seats or seat backs.

MVSS #208
TSPS #17 Occupant Crash Protection. These Federal standards specify that "passengers in Type II school vehicles equipped with lap belts shall be required to wear them whenever the vehicle is in motion". Because this vehicle does not meet the Federal definition of a school bus these standards do not apply. Although this vehicle does meet the State of Michigan definition for a school bus, the State has no applicable standards.

TSPS #17 Preventive Maintenance. TSPS #17 states "school vehicle drivers shall be required to perform daily pre-trip inspections of their vehicles, and to report promptly and in writing any defects or deficiencies discovered that may affect the safety of the vehicle's operation or result in its mechanical breakdown". The passenger van driver stated that the vehicle had been frequently maintained and had been serviced by a local garage one week prior to the collision. Three of the tires on this vehicle exhibited excessive wear (one of which was bald). Preventive maintenance on school bus tires is extremely important, because worn tires alter the load carrying capacity of the vehicle and can have an adverse effect on the handling ability of a vehicle in a skid (similar to the skid this bus underwent after the collision).

TSPS #17 Identification. This standard specifies "prohibiting by legislation or regulation, operation of any vehicle displaying the words 'School Bus', unless it meets the equipment and identification requirements of this standard". Since this vehicle did not meet the federal definition for a school bus, the bus would be prohibited from both displaying the words "School Bus", and from being painted school bus yellow. This bus was painted school bus yellow and displayed the words "School Bus" in two places.

SOM 257.305A Driver Education. SOM 257.305A states: "A driver of a public or nonpublic school bus shall have in his possession a certificate stating he has been enrolled in or has completed a course in school bus safety education conducting during or not more than two years prior to the school year in which he drives a school bus. The course shall be approved by the superintendent of public instruction and shall be provided by an intermediate school district or a state university...Failure to

complete the course shall be reported by the instructor to the department of education and to the school in which the bus driver is employed. A driver who fails to complete the course within the school year in which he is enrolled shall not be permitted to drive a bus". The driver of the school bus did not enroll in such a course and hence, had no certificate of completion.

TSPS #13
Manual on
Uniform
Traffic Con-
trol Devices

Traffic Control Devices. TSPS #13 is concerned with the full and proper application of modern traffic engineering practice and uniform standards for traffic control devices in reducing the likelihood and severity of traffic accidents.

The Manual on Uniform Traffic Control Devices is a national standard (implemented by the Federal Highway Administration) which establishes the uniform devices proposed in TSPS #13. In section 2C-14 the explanation of the "Stop Ahead" sign is given: "A 'Stop Ahead' sign is intended for use upon approaching a 'Stop' sign that is not visible for sufficient distance to permit the driver to bring his vehicle to a stop at the STOP sign. Obstruction(s) causing the limited visibility may be permanent or intermittent." The brush and trees along the narrow rural road (Predmore Road) caused limited permanent or intermittent visibility.

TSPS #8

Alcohol Intoxicated Driver. Alcohol in Relation to Highway Safety is a standard established on a basis of "a deep and growing concern regarding the incidence of impairment by alcohol in relation to highway accidents". The fatality in this collision resulted from the inattention and poor reaction time of a heavily alcohol intoxicated driver. Accidents involving impaired drivers are generally more severe than those of the normal driving population. There is a need to continue programs treating drivers who misuse alcohol and to broaden the effectiveness of these programs.

Although this school bus was technically classified as a passenger van, the State of Michigan allowed this vehicle to be registered/titled as a "station wagon". Therefore, the following Motor Vehicle Safety Standards (MVSS) and State of Michigan (SOM) standards are directly relevant to this collision.

Standard

Relevant Aspect

SOM R340.
1201

Station Wagon Definition. This law defines a station wagon: "'Station wagon' means a motor vehicle designed to carry not more than 10 passengers and built on a passenger vehicle chassis, in which the seating arrangement extends the full width of the interior of the vehicle".

The manufacturer rated the seating capacity of this vehicle at 15 passengers. The law specifies that this vehicle carry not more than 10 passengers. The school used this vehicle to transport 19 passengers daily.

The law specifies that this vehicle be built on a passenger vehicle chassis. This vehicle was built on a truck chassis.

The law specifies that the seating arrangement extend the full width of the interior of the vehicle. The only seat, out of five seats in this vehicle, that extended the full width of the interior was the rear seat, and this seat violated SOM R340.1201 law involving obstructions restricting passageway leading to emergency door. All of the remaining seats in this vehicle were bench type seats not extending the width of the interior, creating an aisleway for egress out the side door.

MVSS #208
MVSS #209

Occupant Crash Protection. MVSS #208 specifies requirements for both active and passive occupant crash protection systems for passenger cars and other types of vehicles. Section S4.1.2 of this standard is concerned with "[All passenger cars manufactured from September 1, 1973 to August 31, 1976]" and specifies that those vehicles shall have: "At each designated seating position a lap belt or lap belt/upper torso restraint that conforms to MVSS #209" (performance requirements). The manufacturer designated 15 seating positions for this vehicle and in direct violation of federal law there were only eleven seat belt assemblies.

Causal Factors and Recommendations

The following diagram explains the numbers used in the matrix cell column. The notation (+) preceding a number indicates a positive factor.

	Precrash	Crash	Postcrash
Human	1	2	3
Vehicle	4	5	6
Environmental	7	8	9

Matrix Cell

Explanation

Accident Causation

Primary or Principal Causes

- | | |
|---|--|
| 1 | Driver intoxication: Driver of V-1 intoxicated. Four hours after accident D-1 registered .17 BAC.* (Certain) |
| 4 | Brake failure of V-1 resulted from improper maintenance. The owner of V-1 had been aware for some time that the brakes were defective. (Certain) |

Severity Increasing/Decreasing Factors

- | | |
|---|--|
| 1 | Speed too fast for conditions: Driver of V-1 was traveling too fast down rural road with poor visibility. (Probable) |
| 7 | Trees/brush too close to road edge on Predmore Road. This limited visibility of driver of V-1. (Probable) |
| 7 | No "Stop Ahead" signs were on Predmore Road. On narrow rural roads with dense brush near the road edge it is important to give the driver advance warning of an approaching intersection. If the driver of V-1 had seen a "Stop Ahead" sign, it is possible he would have tried his brakes before reaching the intersection. Upon discovering they were ineffective, he would then have had time to take appropriate evasive maneuvers. (Probable) |

*This BAC based on information from Michigan Department of Education. Exact BAC could not be obtained from police at time of printing.

- +1 Driver of V-1 made severity decreasing evasive maneuver to the left, just prior to collision. This maneuver moved the point of impact towards the rear of the passenger van, allowing the van to rotate and move in a clockwise yaw up the center of Lake George Road. (Certain)
- 7 Had the point of impact been directly broadside or toward the front right door, the van would have experienced multiple rollovers and/or been driven into large telephone poles and trees close to the road (see Accident Description). (Certain)
- +1 Driver of V-2 also made severity decreasing evasive maneuver to the left, just prior to the collision. The combination of evasive maneuvers by both D-1 and D-2 greatly decreased the severity of this collision. (Certain)

Relevant Conditions

- 1 Driver of V-1 was unfamiliar with the vehicle. Driver did not own the car and did not know the brakes were ineffective. (Probable)
- 1 Driver of V-1 was unfamiliar with roadway. The occupants of V-1 had travelled 25 miles from home and had been drinking on isolated State land just prior to the collision. (Probable)
- 1 Driver inattention: Driver of V-1, being intoxicated, was neither mentally nor physically alert. (Certain)
- 1 Driver of V-2 may have been distracted by students who were switching seats just prior to, and up to the moment of, the collision. (Possible)

Injury Causation

- 2 Lap belt available to D-2, but not used. Lap belts restrain the driver in the seat permitting continued driver control of the vehicle during precrash and crash conditions. (Probable)

- 2 Ejection caused one fatality and very serious injury to five additional occupants. (Certain)
- 2 Seat belts were noted being defeated during postcrash examination of V-2 (some fastened and/or knotted and tucked under frame). The denial of these belts to occupants, who may have had the awareness to use them, further increased injuries and ejections. (Certain)
- 2 Non-seated passenger ejected from the vehicle. Non-seated passengers are not afforded the occupant protection of padded seats or seat backs. (Certain)
- +2 Over crowding may possibly have lessened the injuries in this particular accident because the additional occupants fell against each other rather than 5-7 feet distances to the floor or ceiling (with its hostile, sharp environment). Injury is lessened by impacting pliable skin rather than harsh, sharp edges of steel. (Certain)
- 5 Roof, roof bow, interior pillar and sidewall deformation with the exposure of uncovered and unpadded sharp metal edges significantly increased occupant injury in V-2. (Certain)
- 5 Front row bench seats on V-2 had no restraining barrier. This permitted occupants of first two rows to fall into drivers compartment after impact. (Probable)
- 5 Three tires on V-2 exhibited excessive wear with no lateral cutting edge. This may have been a factor in causing the rollover. (Possible)

Postcrash

- +3 Police on the scene in rural area in less than eight minutes after the accident. (Certain)
- +3 Ambulance arrival was prompt and treatment effective. (Certain)

- +3 Police services were prompt, professional and thorough, with a well documented police report describing the crash. (Certain)
- 6 No accessible rear emergency exit in V-2. If the rear exit had been required for egress, it could not have been used. The only way of exiting out the rear exit was over the rear seat-seat back, which is only 16-18 inches from the roof, a near impossible situation. In addition, due to roll-over damage, the rear doors jammed. (Certain)
- 6 Window retention/release: The windows in V-2 could not have been used for emergency egress. In the event that one or more additional doors had been disabled during the collision, this would have presented a hazardous egress situation (i.e., if accompanied by fire). (Certain)
- +6 No fuel leakage. The fuel tank and fuel lines on V-2 remained intact without fuel leakage, thereby diminishing the danger of postcrash injury or fatality due to fire. (Certain)

Recommendations

On the basis of this study, it is recommended that:

The conflict between Federal and State requirements/ definitions for school buses and passenger vans be resolved.

All vehicles used to transport school children routinely to and from private or public schools be subject to a single definition and code. We understand that this creates problems for some financially hard pressed private or public schools, but we feel that these problems are subordinate to the safety of the children, and that these problems can be adequately resolved without compromising safety.

Both the Federal and State government more strictly enforce existing standards and laws concerning pupil transportation. Had the vehicle in this crash met existing Federal and State requirements, and had procedures and policies for the transportation of school children been followed, the severity of injury may have been reduced.

Programs that have been developed to treat individuals who abuse alcohol be continued and improved. The driver, as well as the owner, of V-1 (1963 Mercury) should be enrolled in such a program.

Driver education courses should find more effective ways of encouraging drivers to use existing active restraints. This recommendation is especially relevant to the school bus driver. (see Standards; Restraint Use).

Driver education courses should find more effective ways of encouraging school bus drivers to initiate preventive maintenance on their vehicles (see Standards; preventive maintenance).

All vehicles used to transport school children should be equipped with a restraining barrier forward of any designated seating position that does not have the rear surface of another passenger seat within 20 inches of its seating reference point.* This would restrain occupants in the passenger compartment rather than allowing them to fall forward into the drivers area. Two passengers in this vehicle were ejected out the front windshield.

*As specified in FMVSS #222 - School Bus Passenger Seating and Crash Protection.

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PHOTO INDEX
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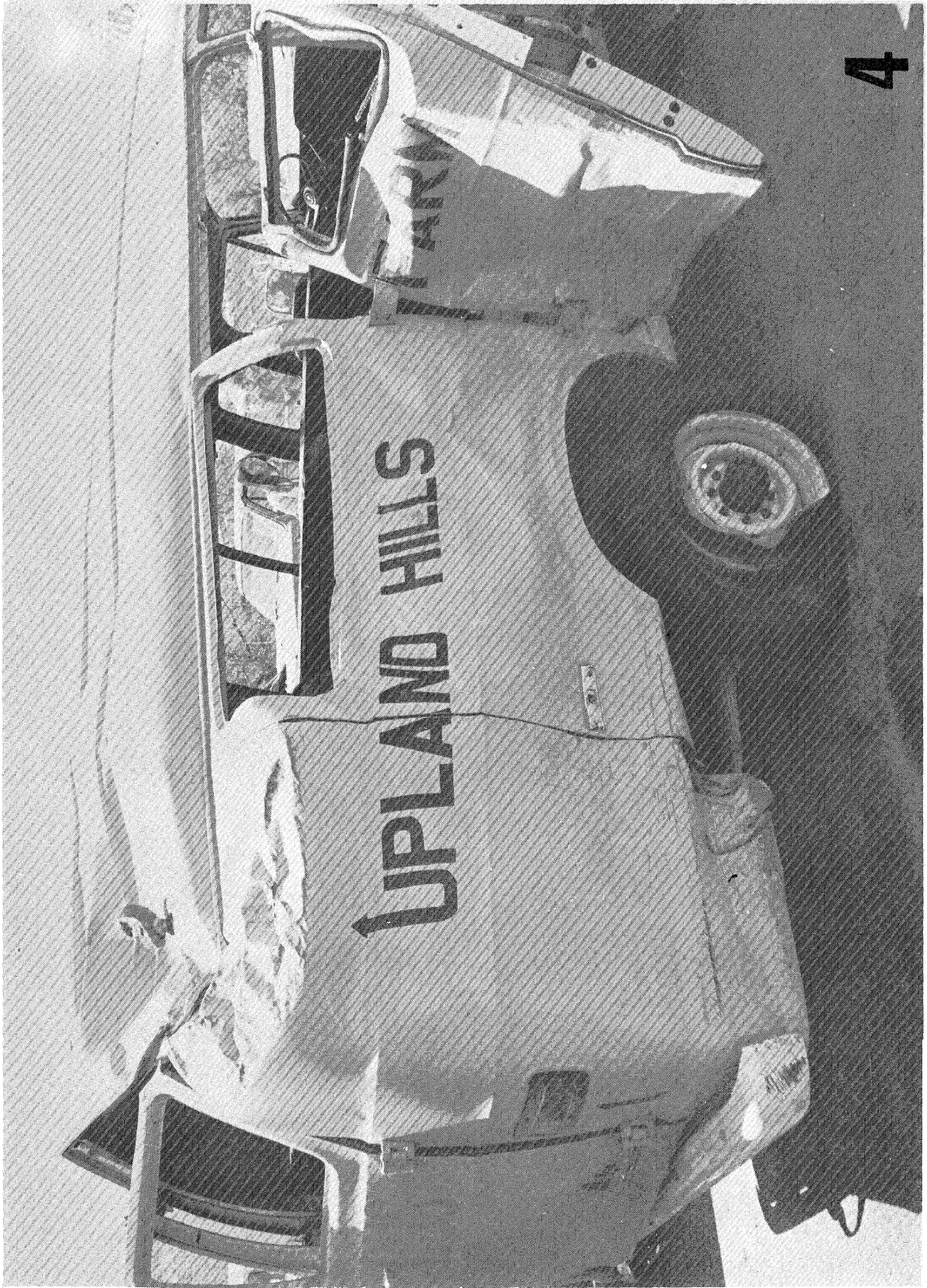
<u>Photo Number</u>	<u>Description</u>
1	Southward view of Lake George Road and the Predmore Road intersection.
2	Eastward view of Predmore Road and the Lake George Road intersection.
3	Front right corner view of V-2.
4	Right rear corner view of V-2.
5	Interior view of V-2 through the broken out windshield.
6	Close-up of separation of roof bows from roof side rail of V-2. Note sharp, hostile edges.
7	Close-up of passenger lap belt deliberately knotted under seat frame in V-2.
8	Close-up of right side door latch in V-2. Note that latch held, but spot welds broke away from door. Fatality ejected through this door.
9	Close-up view of left front tire of V-2.
10	Front right corner view of V-1.
11	Frontal view of V-1.
12	Final resting place of V-1.
13	Police officers examining bottle of alcohol found in V-1.
14	Southward view of Lake George Road and the final resting place of V-2.
15	On scene frontal view of V-2.
16	View of V-2 through some of the numerous trees along Lake George Road.

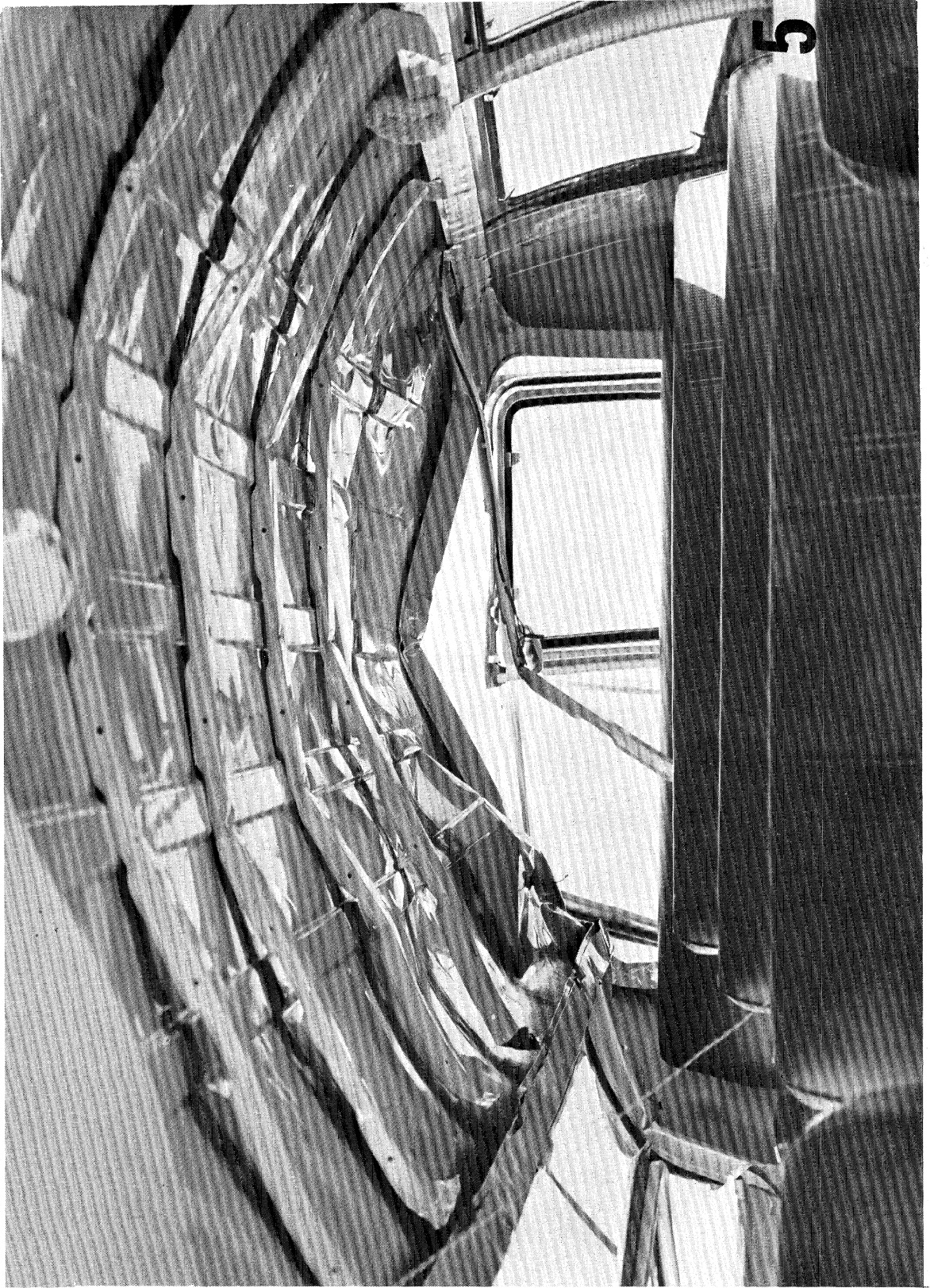


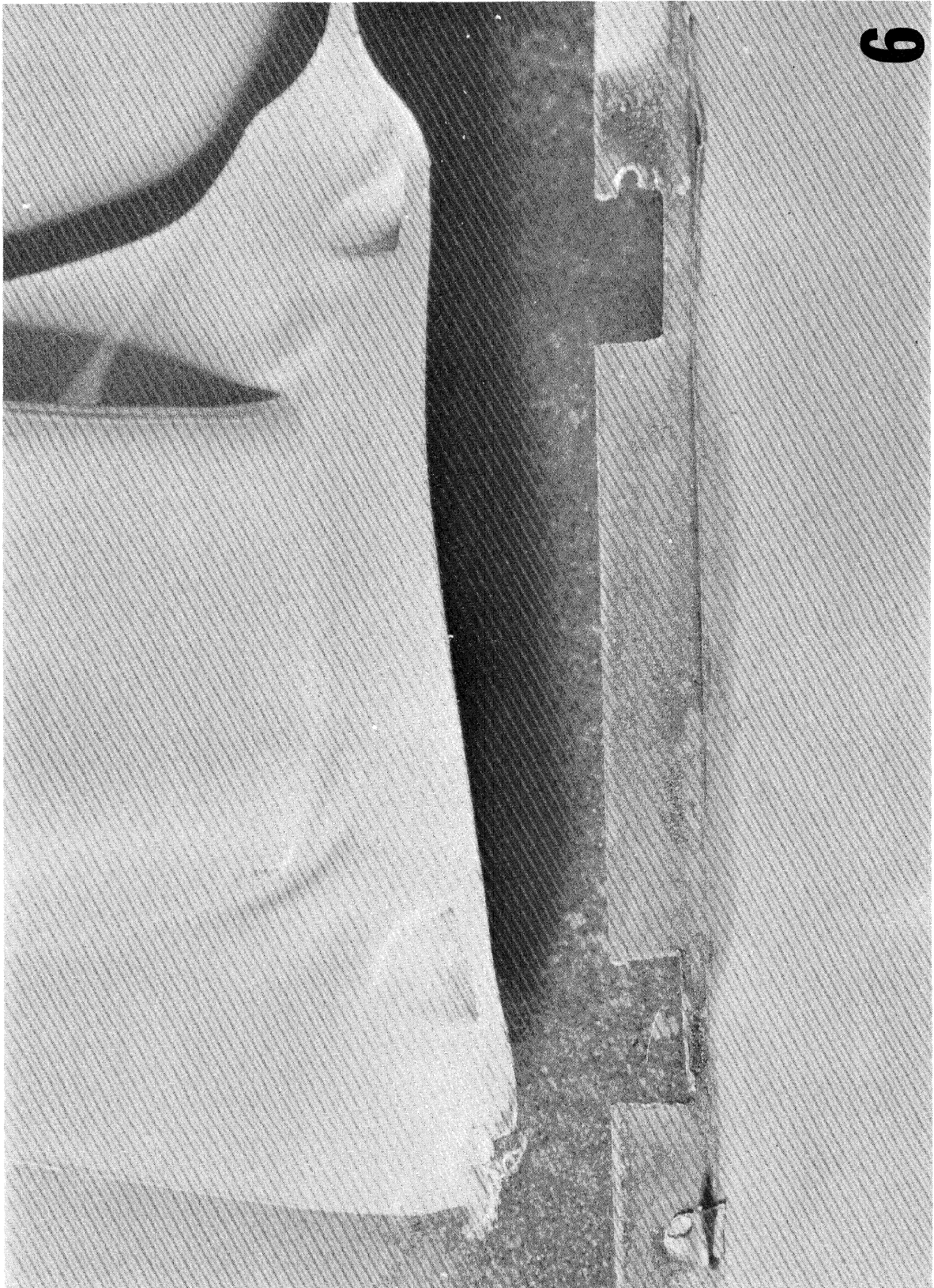
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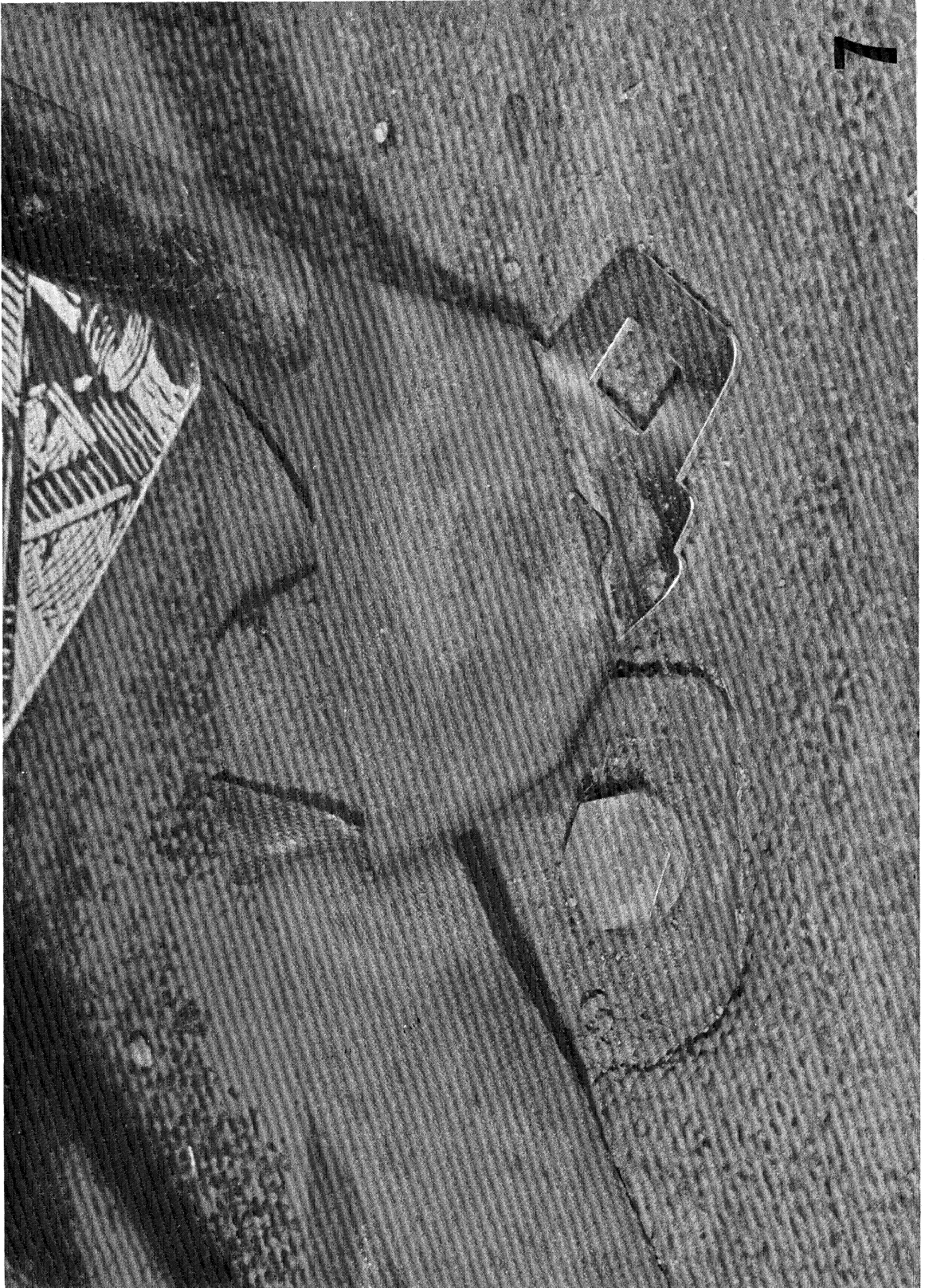


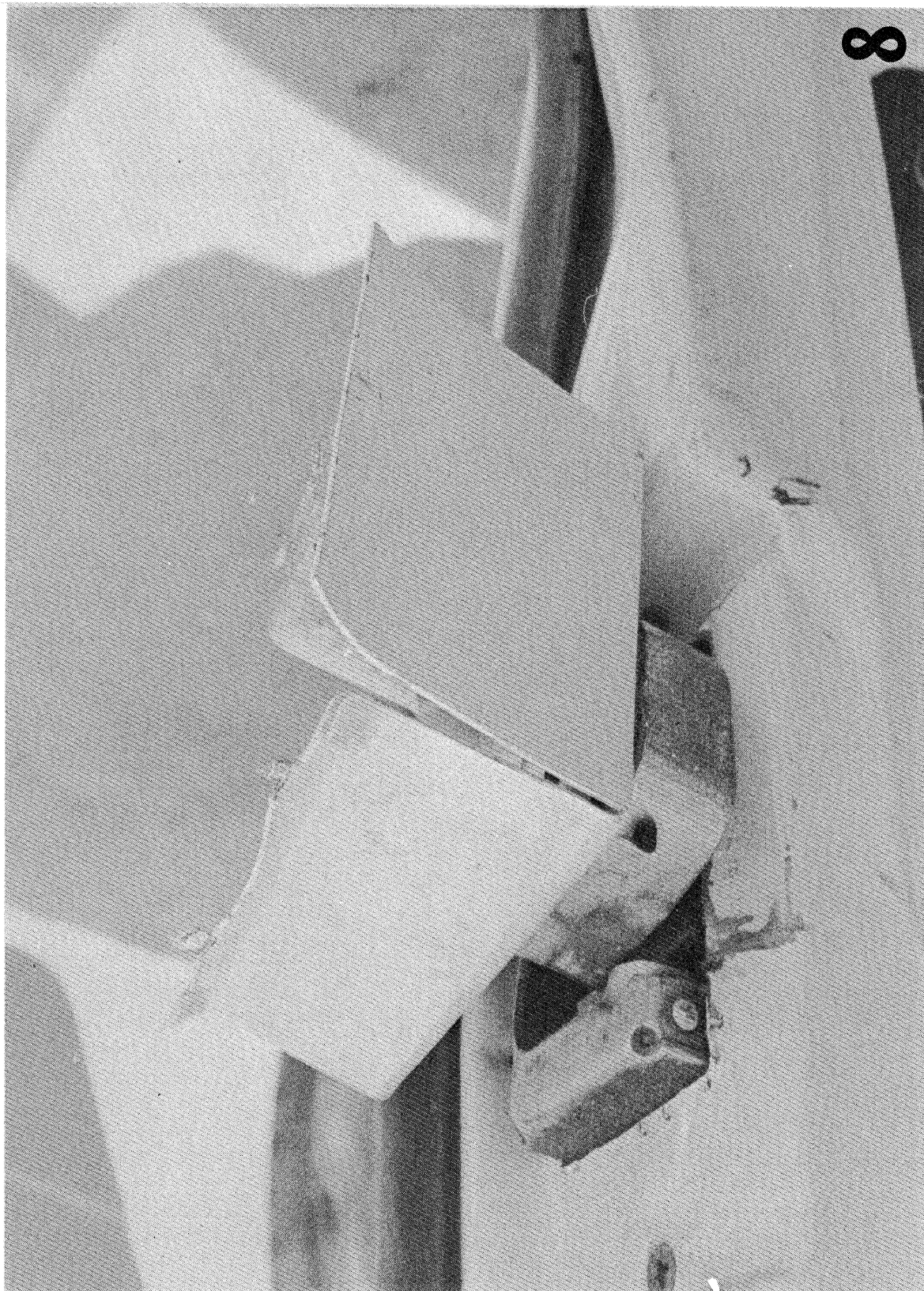


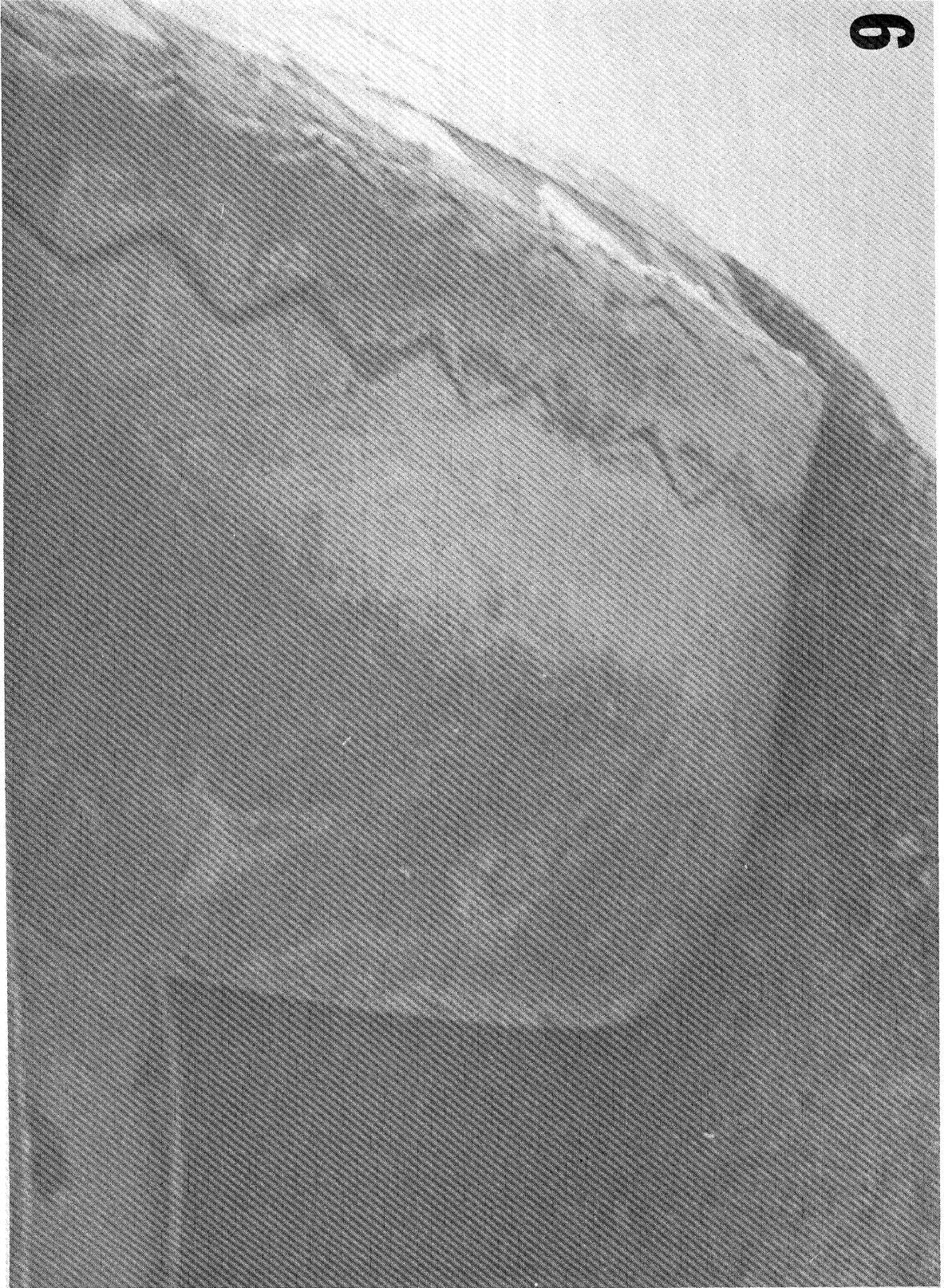




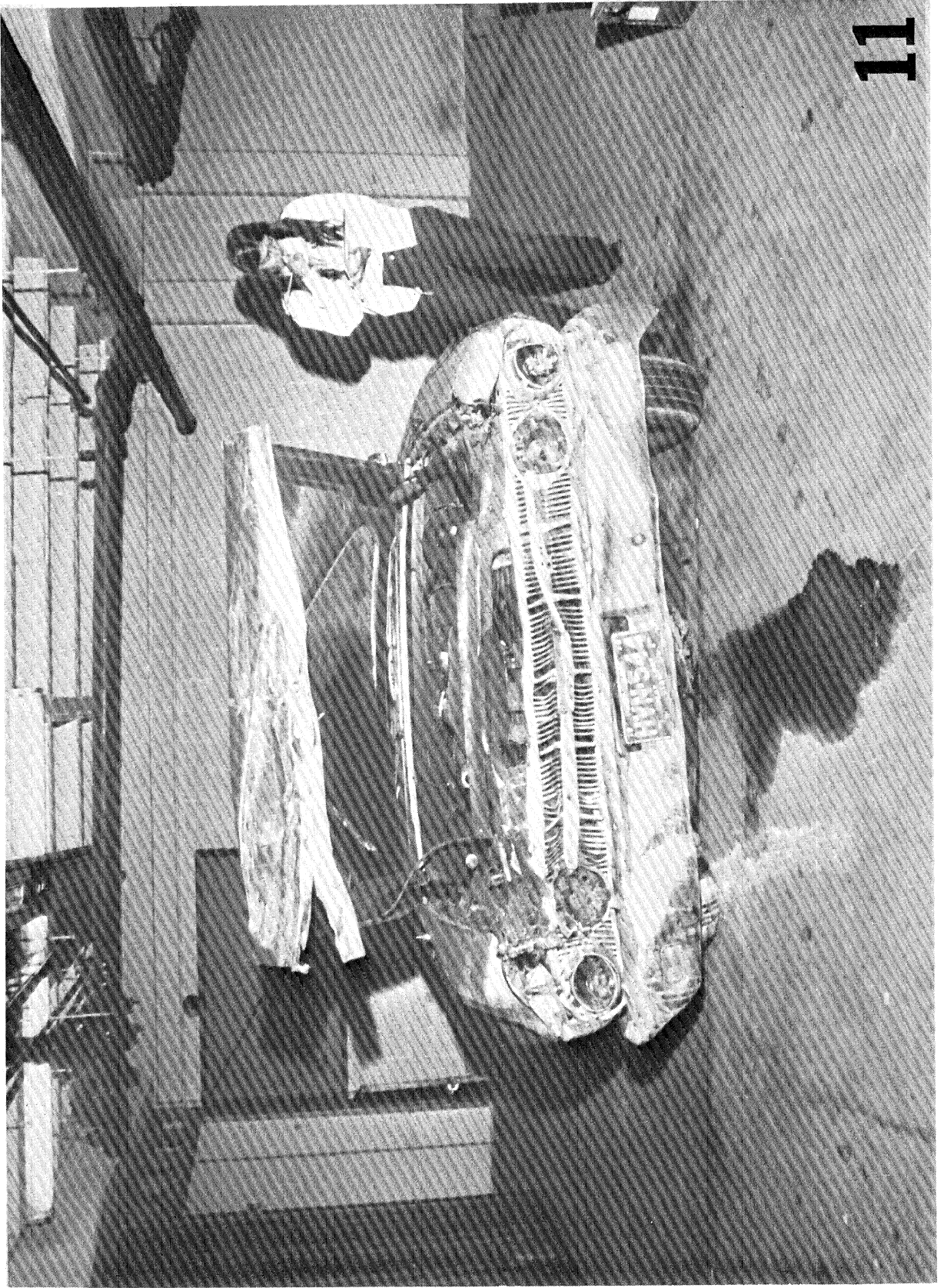


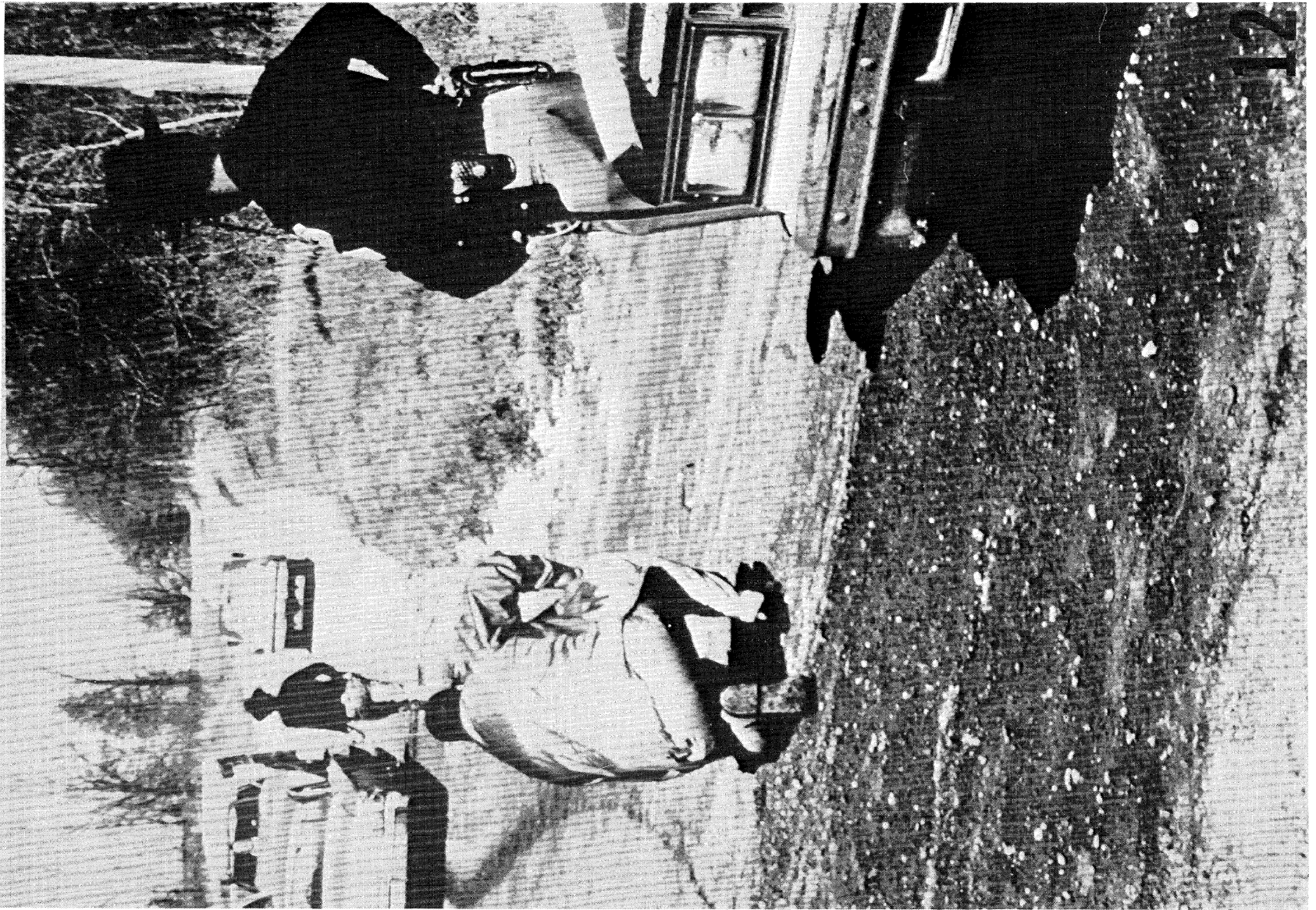


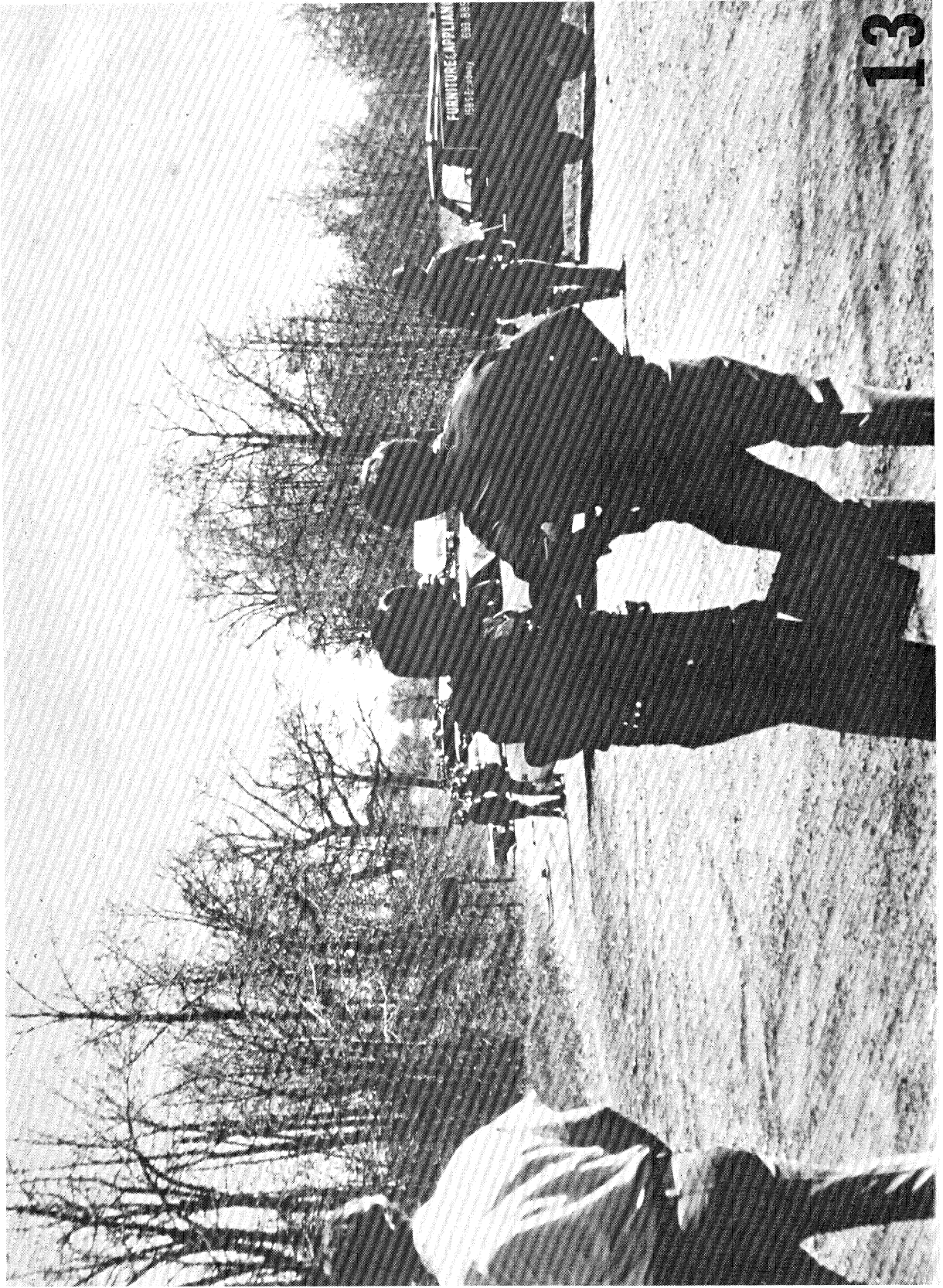


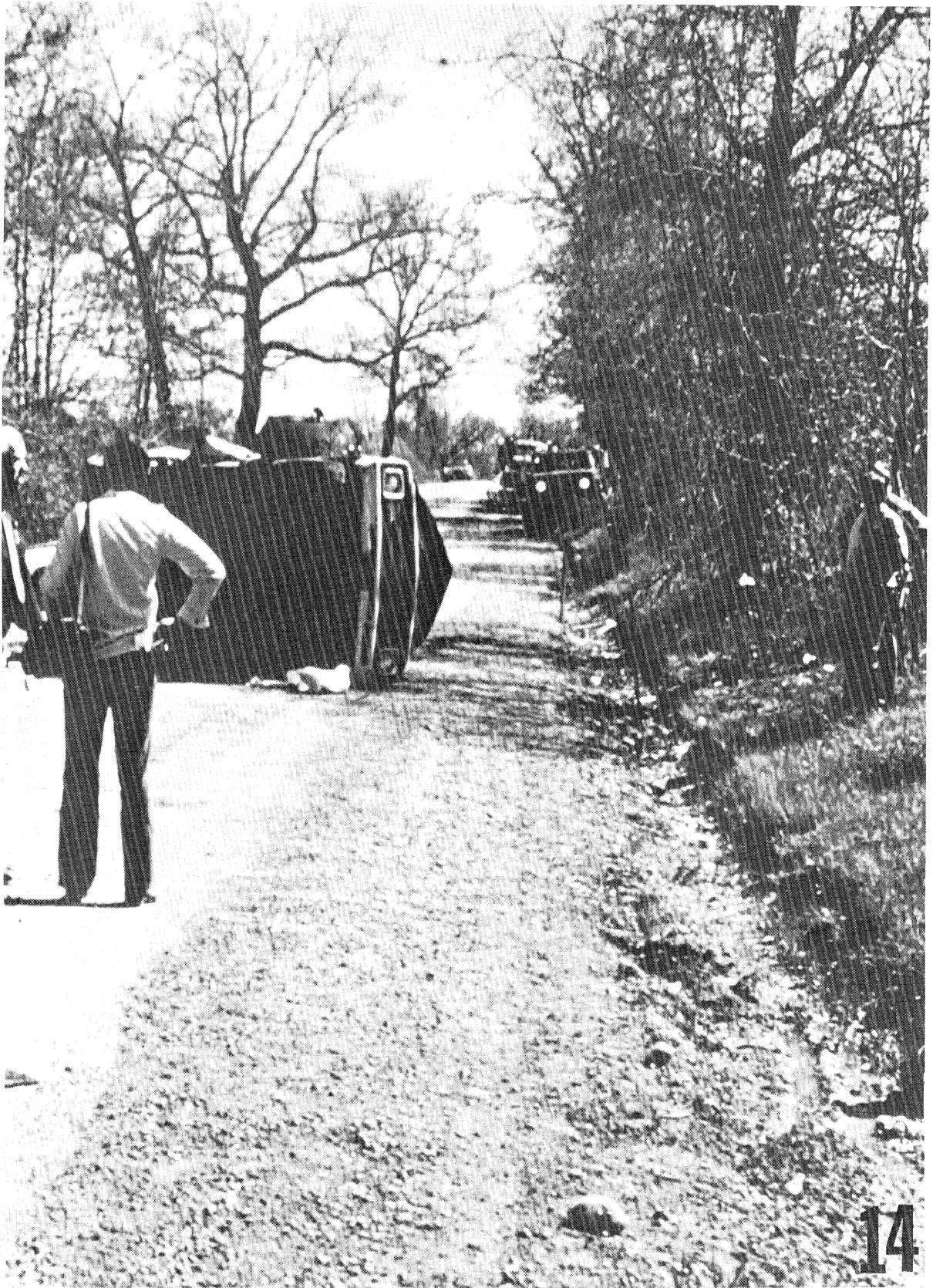




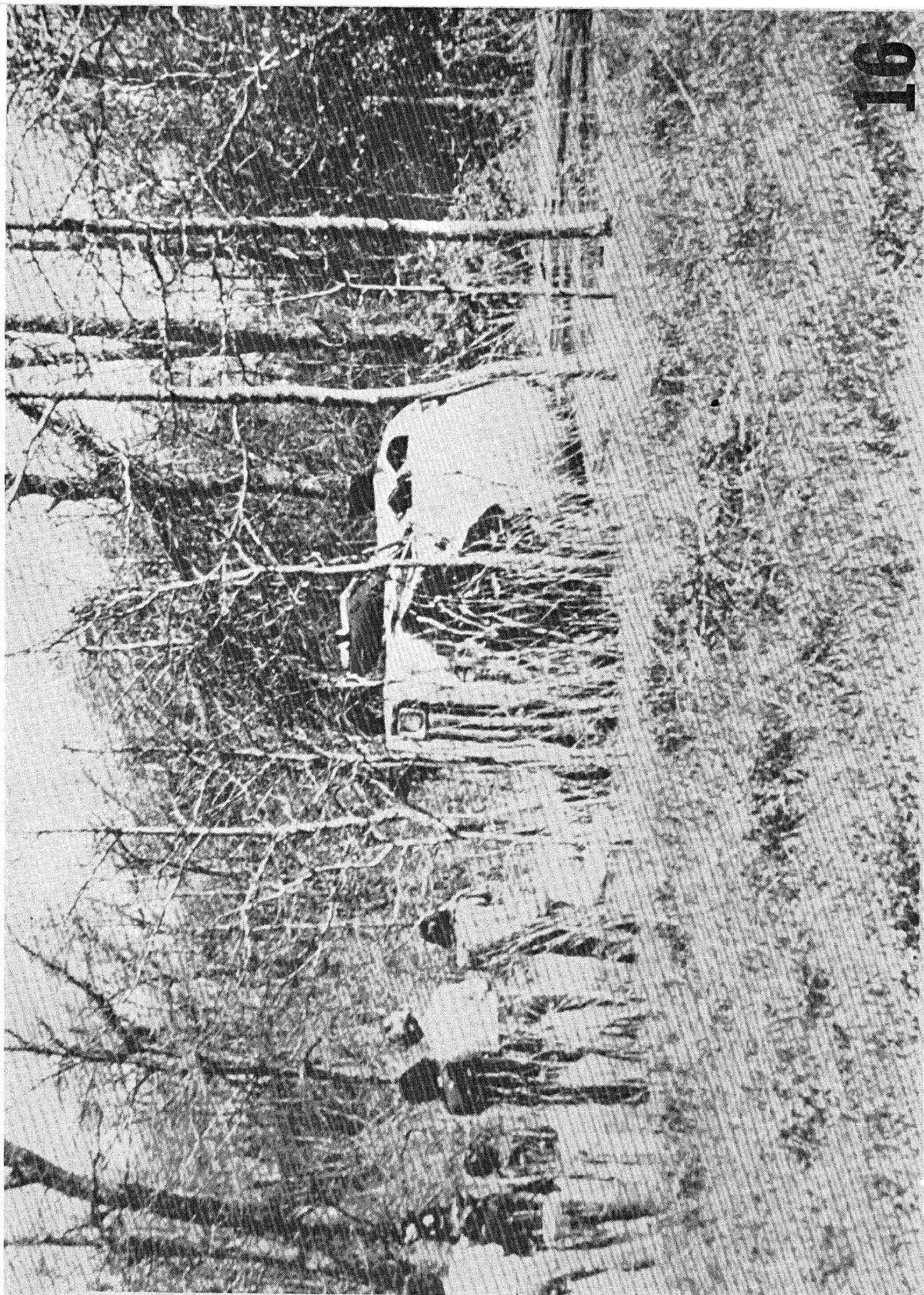












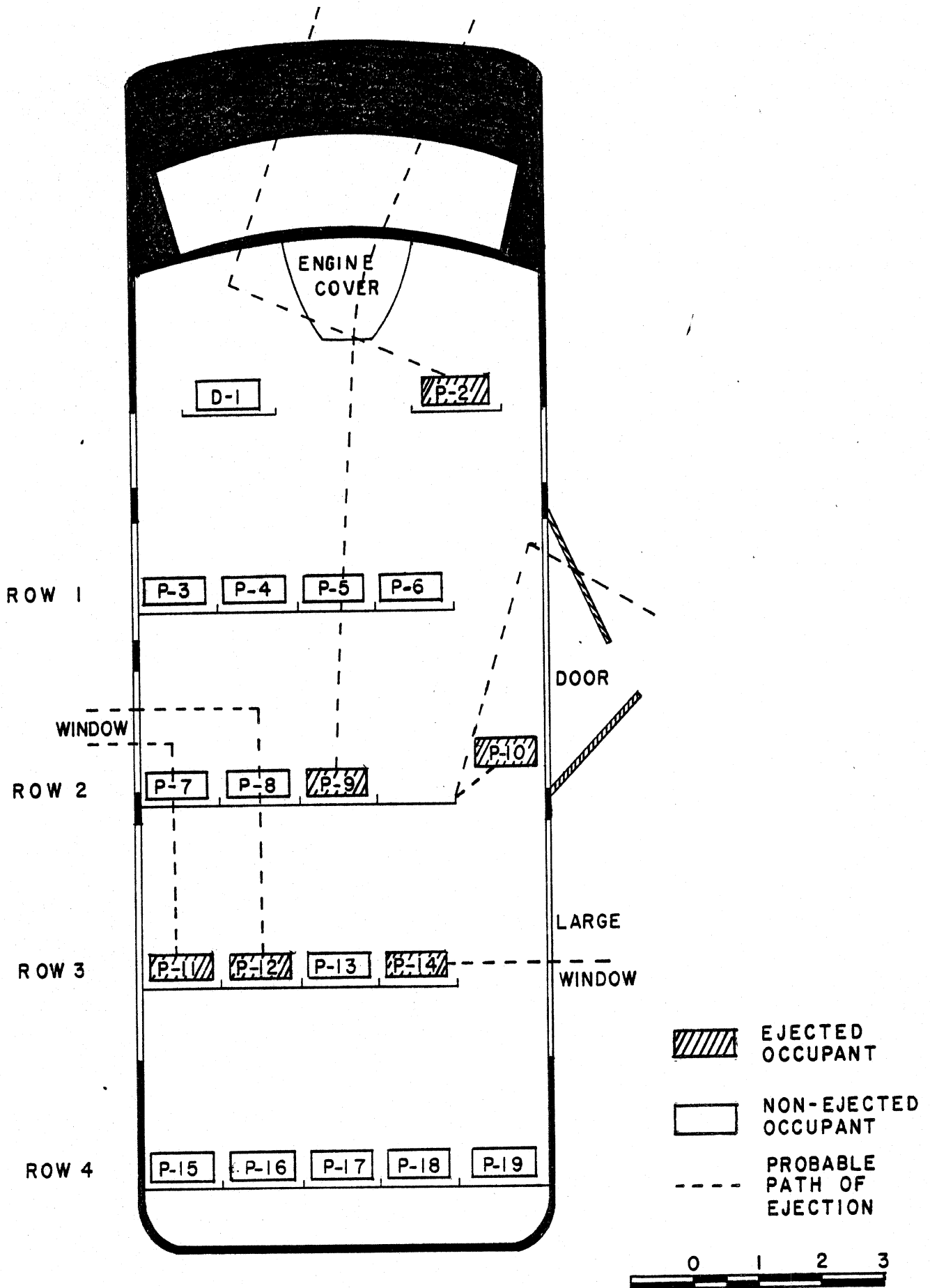
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SLIDE INDEX
#AA-454

<u>Slide Number</u>	<u>Description</u>
1-3	Eastward view of Predmore Road taken from west of the Lake George Road intersection.
4-5	Northeastward view of Lake George-Predmore Road intersection.
6-7	Westward view of Predmore Road, taken from east of the Lake George Road intersection.
8-9	Northward view of Lake George Road from the middle of the intersection.
10-11	Southward view of Lake George Road, taken from north of the Predmore Road intersection.
12	View of trees close to road edge along Lake George Road.
13-17	On scene southward view of the passenger van school bus after the collision, taken south of the intersection.
18	On scene southward view of the school bus after the collision, taken south of the intersection. (Note the windshield laying along the roadside in foreground.)
19	On scene southeastward view of the school bus, taken south of the intersection.
20	On scene eastward view of the school bus through trees along roadside.
21-22	On scene southward view of the school bus/collision site, taken north of the intersection.
23	Southeastward view of the collision scene, taken from across Predmore Road.
24-26	On scene northward view of the school bus.
27-30	On scene close-up view of chassis and undercarriage of passenger van school bus.

<u>Slide Number</u>	<u>Description</u>
31-37	On-scene close-up view of damaged roof, right side and rear of passenger van school bus.
38	On-scene close-up view through the rear doors of school bus on drivers side.
39-40	On-scene close-up view through the windshield of school bus.
41-43	Close-up view of school bus tires exhibiting excessive wear. (41 = right front tire; 42 = right rear tire; 43 = left front tire)
44	On-scene view of lunch box belonging to one of the passengers on the school bus.
45-46	Close-up view of school bus skidmarks and rollover marks. (Note yellow paint in gravel.)
47	Skidmarks of V-1 (1963 Mercury).
48-49	On-scene view of intersection and final resting place of V-1.
50-53	On-scene eastward view of V-1, taken west of the intersection.
54	On-scene frontal view of V-1.
55	On-scene right side view of V-1.
56	On-scene right front view of V-1.
57-64	Right side view of damage to school bus.
65-66	Frontal view of damage to school bus.
67-68	View of rear door damage and roof deformation in school bus.
69	Severe damage to right side doors in school bus.
70-73	Interior view of roof deformation in school bus, taken through windshield. (Note hostile coat hook in 72.)
74-75	Interior view of school bus taken through windshield.
76-77	Right rear interior view of roof, roof bow, and side rail deformation in school bus.

<u>Slide Number</u>	<u>Description</u>
78-80	Interior view of school bus taken through rear doors.
81	On-scene view of occupant contact point on left rear interior of school bus.
82-83	Right side door and door frame of school bus.
84-87	Under seat frames and debris in school bus.
88	Debris between driver/front seat passenger seats in school bus.
89	View of drivers seat taken through front right passengers window.
90	Broken arm rest in school bus.
91-92	Right front fender damage to V-1.
93	Left front view of V-1.
94	Front view of V-1.
95	Right rear view of V-1.
96	Left side view of V-1.
97	Interior view of front seat on drivers side of V-1.
98-99	Interior view of front seat on passengers side of V-1.
100-01	Interior view of rear seat in V-1.
102-04	View of leak in rear brake line.
105	Close-up view of rear brake line leak.
106	View of empty brake fluid reservoir.

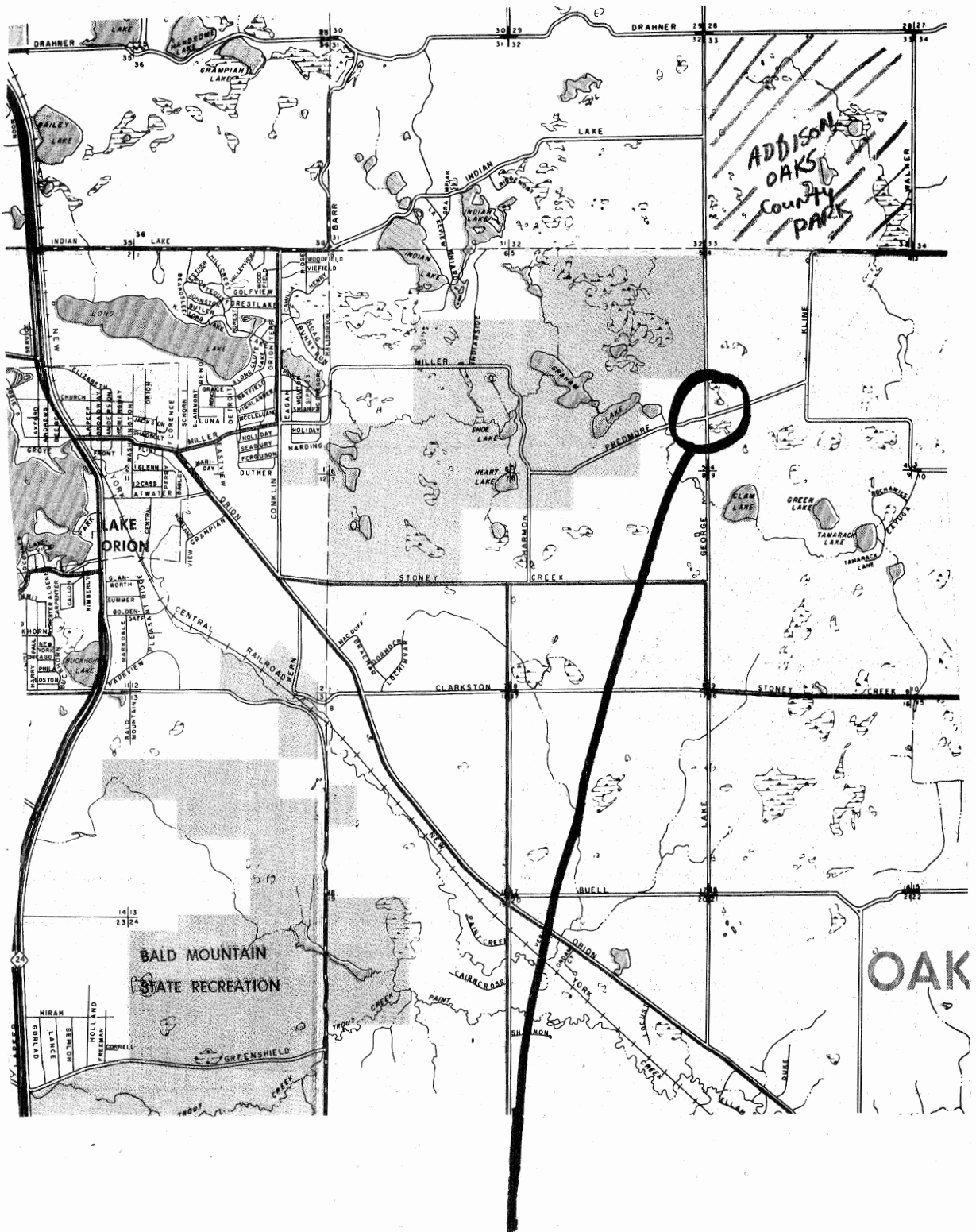
APPENDIX A
PRECRASH SEATING CHART WITH
PROBABLE KINEMATICS OF EJECTED
OCCUPANTS



SEATING CHART

APPENDIX B

MAP OF AREA



Scene of Accident

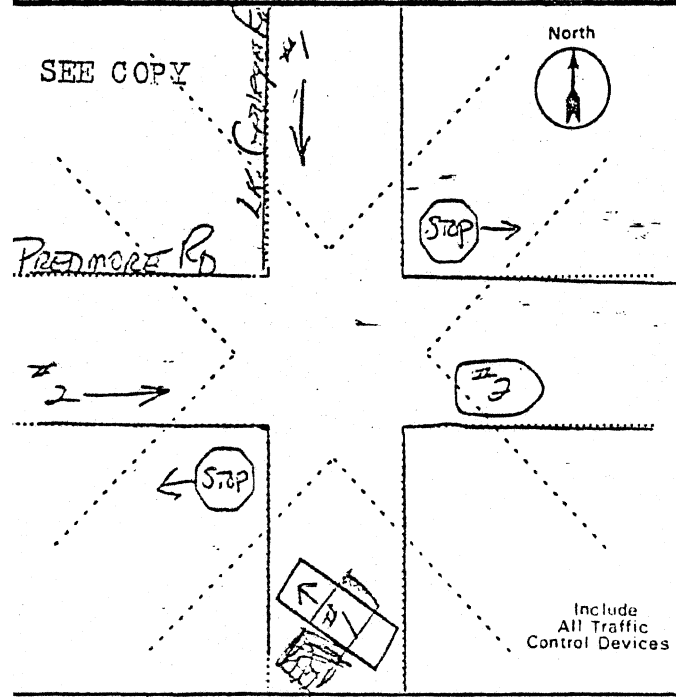
APPENDIX C
POLICE ACCIDENT REPORT

County Number 063 City Number Twp. Number SECTION 4 Date 11-29-77 Time 11:55 P.M.
 Name ON LAKE GEORGE RD. Route No. Ft. Mi. N S E W Intersection PREDMORE RD. Route No.

State MICH Drivers License 1 DOB NONE Hazardous Action NONE HBD HN Test X
 Driver No. 1 First M. Last Address City State Age 23 Sex F Inj B
 Year 76 Make 06 Type Trailer Ren Yr/State 7 MICH Removed to/by TOWING BY WRECKER
 Name Address Pos Age Sex Inj
 COPY AS THERE WAS 18 PASSENGERS BESIDES THE DRIVER
 Seat Position 1 2 3 4 5
 Total occupants 19 Injured taken to HOSP

State MICH Drivers License 7-1-52 DOB FAILED TO STOP FOR STOP SIGN X HBD HN Test XX
 Driver No. 2 First M. Last Address City State Age 24 Sex M Inj O
 Year 63 Make 10 Type 0 Trailer Req. Yr/State Removed to/by
 Name Address Pos Age Sex Inj
 2 50 M C
 3 62 M C
 Total occupants 3 Injured taken to HOSP

WEATHER Clear Rain Cloudy Fog Snow
 LIGHT Day Dark Dawn Street Lights Dusk
 ROAD SURFACE Dry Snowy Icy Wet Other
 ROAD CONDITION Engineering Maintenance Construction Zone Explain
 VISION OBSTRUCTION Vehicle #1 Vehicle #2 Explain None
 VEHICLE DEFECTS Vehicle #1 Vehicle #2 Explain None
 CROSS BRAKE
 Impact Severity 0/6 1/5 2/2 TOTAL LANES 2 Divided Limited Access
 DRIVER RE-EXAM. Driver #1 Driver #2
 Damage Property Other Than Vehicles NONE
 Veh. #1 Veh. #2 Tot. Veh. 2
 Owner Address



ACCIDENT DESCRIPTION & REMARKS

#1 BUS WAS SOUTH BOUND ON LAKE GEORGE RD. AS DRIVER REACHED PREDMORE RD. SHE ADVISED THAT #2 VEHICLE RAN THE STOP SIGN HITTING THE BUS ON THE RIGHT SIDE CAUSING IT TO ROLL OVER.

#2 DRIVER STATED HE WAS EAST BOUND ON PREDMORE RD. AND SAW THE STOP SIGN FOR LAKE GEORGE RD. STATED HE PUT ON HIS BRAKES BUT HE FAILED TO STOP HIM THE CAR CONTINUED INTO THE INTERSECTION HITTING THE BUS.

Describe all unusual conditions and circumstances

Date Received 4-29-77 Time 11:58 P.M. Investigators Charge MANSLAUGHTER ON DRIVER AND VEHICLE OWNER
 1 POLICE ACTION Cited for Hazardous Vio. Cited for Other Violation No Enforcement Action Investigated at Scene
 Reviewer Comp. Status Open Closed

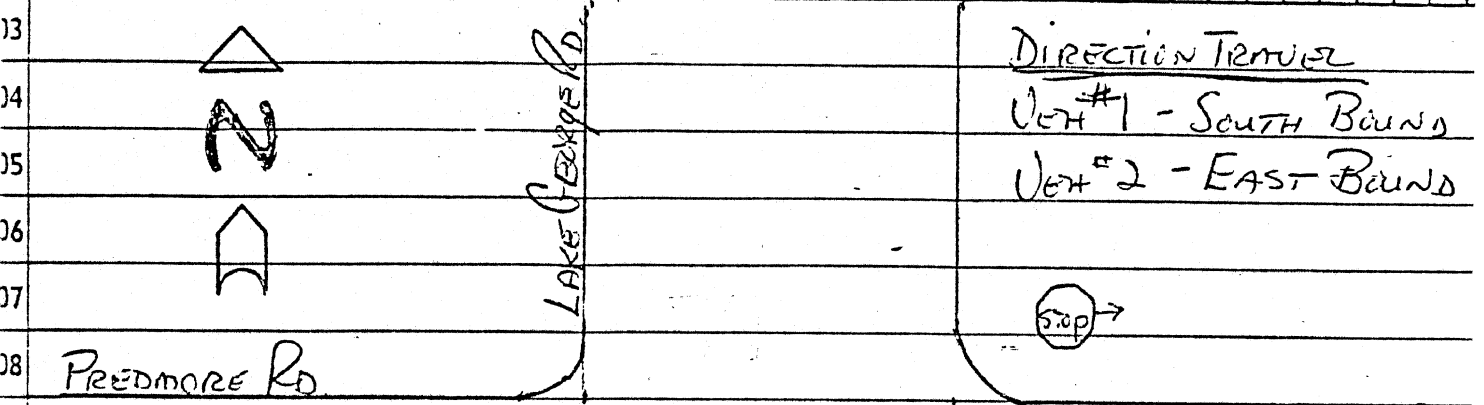
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Phone: 858-4911

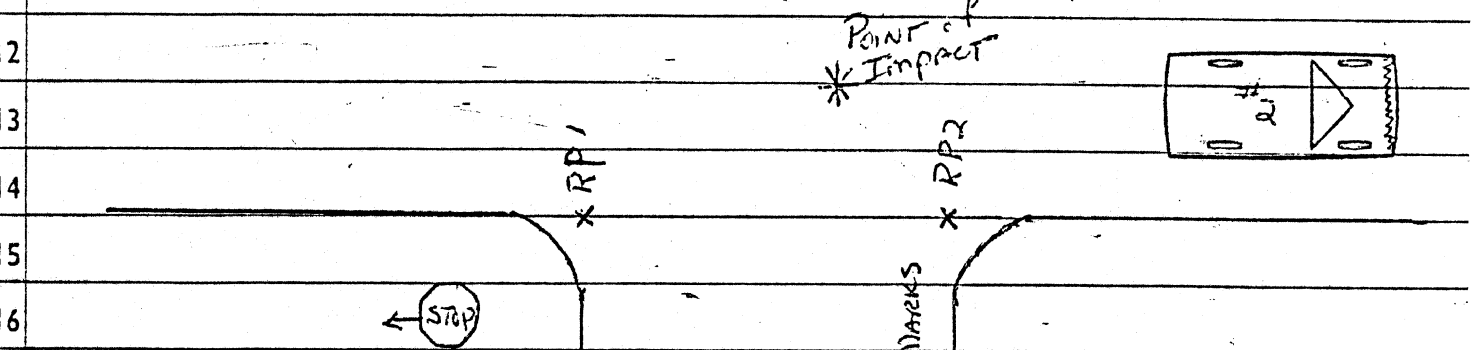
NARRATIVE REPORT PAGE _____ OF _____ SUPP CORR DEL

DEPT. 163	DATE 04.29.77	SHIFT DAY OF WEEK FR. 1	BADGE NO. (S)	REPORT TAKEN AT <input type="checkbox"/> AT MPT <input type="checkbox"/> UNF <input type="checkbox"/> CLEAR	REPORT TAKEN AT <input type="checkbox"/> SCENE <input type="checkbox"/> STAT <input type="checkbox"/> PHONE <input type="checkbox"/> OTHER	CLASS	COMPLAINT NUMBER
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TIME REPORTED	TIME DISPATCH'D	TIME ARRIVED	TIME COMPLETED	DATE(S) OCCURRED	TIME(S) OCCURRED	HOUR	PLAT
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13
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17 VEH #1 - RPI SOUTH 134'-2"
18 EAST 6'-9" (LEFT TOP FRONT)
19 (LEFT TOP REAR) - 13'-7"
20 TO EDGE OF ROADWAY
21 VEH #2 - RP2 EAST 55'-4"
22 NORTH 4'-2" (LEFT REAR TIRE)
23 RIGHT FRONT TIRE 4'-8"
24 TO EDGE OF ROADWAY
25 YAW MARKS - RPI - SOUTH
26 43-8, EAST 24-11, LENGTH 7'-7"
27 PAINT MARKS - RPI, SOUTH
28 58'-1", EAST 17'-6"
29 BODY - RPI, SOUTH 131'-1"
30 EAST - 18'-3"

ROAD WIDTH:
LK. GEORGE RD AT PAINT MARKS - 32'-0"
PREDMORE RD AT STOP SIGN (EAST BOUND) 25'-0"

NOTE: NOT DRAWN TO SCALE
MEASUREMENTS -
DRAWING -
MEASURED WITH LUFKIN 100 TAPE, YELLOW CLIP STEEL #1

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NARRATIVE REPORT PAGE _____ OF _____ SUPP CORR DELETE

DEPT. 163	DATE 042977	SHIFT 72	DAY OF WEEK FRI	BADGE NO. (S)	<input type="checkbox"/> ATMP <input type="checkbox"/> UNF <input type="checkbox"/> CLEAR	REPORT TAKEN AT <input type="checkbox"/> SCENE <input type="checkbox"/> STAT <input type="checkbox"/> PHONE <input type="checkbox"/> OTHER	CLASS NO.	COMPLAINT NUMBER
TIME REPORTED 1455	TIME DISPATCH'D 1458	TIME ARRIVED 1503	TIME COMPLETED	DATE(S) OCCURRED 042977	TIME(S) OCCURRED 1455	HOUR	PLAT 2	

OFFICER DISPATCHED TO THE CORNER OF LAKE GEORGE AND PREDMORE RD. IN OAKLAND TWP. OFFICER ARRIVED AT 1503PM AND OBSERVED A TURNED OVER MINI BUS ON I'S SIDE IN THE MIDDLE OF LAKE GEORGE RD. SOUTH OF PREDMORE. THERE WERE SEVERAL INJURED CHILDREN SCATTERED IN THE ROAD WAY AROUND THE BUS. ALSO THERE WAS SEVERAL CHILDREN ON THE WEST SIDE OF THE ROAD WAY WITH LESS INJURIES. OFFICER CALLED FOR ASSISTENCE AND AMB., ID AND FROM TRAFFIC SAFETY. AS SOON AS THE INJURED WAS CHECKED OFFICER WENT TO THE INTERSECTION ~~WXX~~ WHERE THE POINT OF IMPACT WAS AND OBSERVED THE BUS WAS SOUTH BOUND ON LAKE GEORGE RD. AND THE 1963 MERCURY WAS EAST BOUND ON PREDMORE RD. OFFICER CHECKED AND FOUND NO SKID MARKS FROM THE EAST BOUND VEHICLE. AT THIS TIME OFFI ARRIVED ALONG WITH THE FIRST AMB. THREE OF THE INJURED PARTIES WERE LOADE AND TRANSPORTED TO CRITTENTIN HOSP. SHORTLY AFTER ARRIVED WITH TWO AMB. AND LOADED SEVERAL KIDS WERE LOADED AND TRANSPORTED ~~EX~~ TO CRITTENTON. OFFICER THEN CONTACTED THE DRIVER OF THE BUS AND SHE ADVISED SHE WAS SOUTH BOUND ON LAKE GEORGE ROAD WHEN THE OTHER VICLE RAN THE STOP SIGE HITTING HER IN THE RIGHT SIDE CAUSING HER TO ROLL OVER. STATED SHE HAS NO IDEA WHO WAS DRIVING THE VEHICLE AS SHE WAS CONSERNED WITH THE INJURED CHILDREN.

OFFICER ASK FOR THE DRIVER OF THE MERCURY AND GOT NO RESPONCE. OFFICER THEN ASK FOR WITNESSES AND HE STATED THAT THE BUS WAS SOUTH BOUND ON LAKE GEORGE ASD THE MERCURY RAN THE STOP SIGN ON PREDMORE RD. HITTING THE BUS IN THE RIGHT SIDE. WHEN ASK IF HE SAW THE DRIVER OF THE MERCURY HE STATED HE THOUGHT THE TWO SUBJECTS ON THE BANK AROUND THE CHILDREN WAS IN THE MERCURY. OFFICER FIRST TALKED WITH AND ASK IF HE WAS INVOLVED IN THE ACCIDENT. HE FIRST STATED NO THEN STATED THAT THE SUBJECT NEXT TO HIM WAS DRIVING THE CAR AND THAT HE WAS IN THE VEHICLE ON THE PASSENGER SIDE. THE SUBJECT HE POINTED OUT WAS WAS ASK IF HE WAS DRIVING THE VEHICLE INVOLVED IN THE ACCIDENT. STATED THAT HE WAS A PASSENGER IN THE VEHICLE AND THAT WAS DRIVING THE CAR. AT THIS TIME OFFICER SEPERATED THE SUBJECTS AND PLACED THE SUBJECT WITH WHICH WAS AT THE SCEN AND PLACED IN MY PATROL VEHICLE THEN ADVISED THAT NEATHER OF THEM WERE DRIVING THE VEHICLE AND THAT THERE WAS A THIRD PARTY IN THE VEHICLE NAMED AND THAT HE TOOK OFF INTO THE WOODS AFTER THE ACCIDENT AND HE WAS DRIVING THE VEHICLE.

IN CHECKING FOR OTHER WITNESSES. LOCATED HE STATED HE AND HIS SISTER WERE WALKING NORTH ON LAKE GEORGE RD. JUST NORTH OF THE ACCIDENT SCEN AND OBSERVED THE BUS SOUTH BOUND. STATED THEY HEARD THE CRASH AND SAW THE BUS ROLLING OVER AND SAW THE CAR STOP ON PREDMORE RD. STATED HE SAW TWO MEN STAGGER AROUND THE CAR THEN GO OVER TWARD THE BUS. STATED HE COULD NOT BE SURE WHO WAS DRIVING. POINTED OUT THE SAME TWO SUBJECTS AS DID THE FIRST WITNESS. WAS NOT AT THE SCEN AS SHE WENT TO CALL THE POLICE AND SHE WAS NOT INTERVIEWED.

DIDN'T SEE THE ACCIDENT BUT HE OBSERVED THE SUBJECT AT THE BACK OF THE BUS AND HE WAS STATING "OH MY GOD I'M SORRY" SEVERAL TIMES.

WITNESS STATED HE SAW THREE SUBJECTS AT THE MERCURY. STATED HE OBSERVED ONE SUBJECT TAKE OFF LEAVING THE SCEN. HE ALOS POINTED OUT THE AND SUBJECT AS BEING AROUND THE VEHICLE. HE ~~WASK~~ ALSO STATED ALL THREE APPEARED DRUNK TO HIM. AT THIS TIME OFFICERS RECEIVED A CALL THAT THERE WAS A MAN STAGGERING AROUND THE AREA OF PREDMORE. OFFICERS THE OXFORD PD RESPONDED TO THE CALL AND TALKED WITH A AT THE

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NARRATIVE REPORT PAGE _____ OF _____ SUPP CORR DEL

DEPT.	DATE	SHIFT	DAY OF WEEK	BADGE NO. (S)	<input type="checkbox"/> ATMP <input type="checkbox"/> UNF <input type="checkbox"/> CLEAR	REPORT TAKEN AT <input type="checkbox"/> SCENE <input type="checkbox"/> STAT <input type="checkbox"/> PHONE <input type="checkbox"/> OTHER	CLASS NO.	COMPLAINT NUMBER
01	163	042977	2	FKZ				
02	TIME REPORTED	TIME DISPATCHED	TIME ARRIVED	TIME COMPLETED	DATE(S) OCCURRED	TIME(S) OCCURRED	HOUR	PLAT

03 AND SHE ADVISED OFFICERS THAT SHE OBSERVED
 04 A MAN DRIVING ON THE ROAD AND INTO A FIELD ON THE SOUTH SIDE OF PREDMORE
 RD AC ROLF HER HOME. OFFICERS AND CHECKED NEAR A FENCE
 05 ROW L. ALL WOODED SECTION AND LOCATED A SUBJECT NAMED THE
 OFFICERS ADVISED THE SUBJECT OF HIS RIGHTS AND HE INFORMED THE OFFICERS THAT
 06 HE HE VEHICLE WHICH HIT THE SCHOOL BUS HE WAS NOT DRIVING. STATED.
 THEY AT THE STATE LAND DRINKING AND THAT WAS DRIVING THE CAR.
 07 WHEN AS Y HE LEFT THE SCENE HE STATED THAT HE WAS JUST WALKING HOME TO
 WAS BROUGHT BACK TO THE SCENE AND TURNED OVER TO THIS OFFICER
 08 ALL THREE SUBJECTS WERE THEN TURNED OVER TO DEPUTY AND TRANSPORTED
 TO CRITTENDEN HOSP. BY HIM. THEY WERE MET AT THE HOSPITAL BY PROSECUTOR
 WENT TO THE HOSPITAL AND TOOK CHARGE.

09 ALL THREE SUBJECTS WERE OBSERVED AT 2:30 PM AT THE STATE LAND AN PREDMORE
 10 AND HARMOND BY RANGERS ADVISED
 THE THREE SUBJECTS WERE OBSERVED DRINKING BUT WERE NOT OBSERVED LEAVING IN
 11 THE VEHICLE.
 DEPUTY COLLECTED EVIDENCE AND TOOK PHOTOS OF THE SCENE
 12 DEPUTY AND MADE UP THE DIAGRAM AND TOOK THE
 MEASUREMENTS OF THE SCENE. THE 1963 MERCURY WAS IMPOUNDED TO THE OAKLAND
 13 COUNTY JAIL AND WAS FOLLOWED IN TO THE OFFICE BY

14 THE THREE SUSPECTS WERE BROUGHT INTO THE JAIL AND AND
 15 WERE BOOKED ON MANSLAUGHTER CHARGES. AND THE SUBJECT HAD AN OPEN
 WARRENT FOR HIS ARREST FOR DUIL OUT OF HAZEL PARK.

REPORTING OFFICER	REVIEWING OFFICER	ASSIGNED TO	DATE
	72		

AKLAND COUNTY SHERIFF'S DEPARTMENT

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NARRATIVE REPORT PAGE

OF SUPP CORR DELETE

DEPT. 163	DATE 043077	SHIFT 2	DAY OF WEEK S A	BADGE NO. (S) 1082	<input type="checkbox"/> ATMP <input type="checkbox"/> UNF <input type="checkbox"/> CLEAR	REPORT TAKEN AT <input type="checkbox"/> SCENE <input type="checkbox"/> STAT <input type="checkbox"/> PHONE <input type="checkbox"/> OTHER	CLASS NO.	COMPLAINT NUMBER
TIME REPORTED	TIME DISPATCHED	TIME ARRIVED	TIME COMPLETED	DATE(S) OCCURRED	TIME(S) OCCURRED	HOUR	PLAT	

FOLLOW UP INV.

AT AROUND 10:30 AM THIS DATE OFFICER STARTED TAPED INTERVIEW WITH THE THREE SUBJECTS IN THE 1963 MERCURY.

INTERVIEW FIRST STARTED WITH _____, THE SECOND WITH _____ AND THE THIRD WITH _____.

OFFICER THEN WENT TO THE PROSECUTORS OFFICE AND OBTAINED THE PROPER WA WARRENTS FOR TWO OF THE SUBJECTS (_____) AND THE THIRD PARTY _____.

WAS RETURNED TO BOOKING ON THE HAZLE PARK WARRENT.

AT AROUND 3:20 PM THE SUBJECTS WERE ARRIGNED AT 52nd 2nd COURT WHERE RED THE CHARGES TO THE TWO SUSPECTS. THE SUSPECTS STOOD MITE AND A \$25,000. BOND WAS SET ON EACH SUBJECT.

THE SUBJECTS WERE THEN TRANSPORTED BACK TO THE OAKLAND COUNTY JAIL AS THEY WERE UNABLE TO MAKE BOND.

DET _____ WAS THEN CALLED TO SET UP A POLIGRAPH FOR THE SUBJECTS AS THEY REQUESTED IT. THE TEST WAS SET UP FOR AROUND 9:00 SUNDY MORNING AT THE JAIL.

OFFICER MET WITH _____ IN HIS OFFICE THIS AM AND WE EXSSE WENT OVER THE INFORMATION ON THE ACCIDENT. _____ WAS BROUGHT INTO THE OFFICE AND HE WAS FULLY ADVISED OF HIS RIGHTS. IT WAS EXPLAINED TO HIM WHAT THE TEST WAS ABOUT. AT THIS TIME HE FULLY KENET STATED THAT HE UNDERSTOOD AND WOULD TAKE THE TEST. _____ AND DET. _____ THEN WENT INTO THE TESTING ROOM. SOME TIME LATER DET. _____ AND _____ RETURNED FROM THE TEST ROOM AND ADVISED THAT IT WASN'T NECESSARY TO TAKE THE TEST AND THAT HE WOULD LIKE TO TELL THE TRUTH ABOUT WHAT HAPPENED.

_____ WAS AGAIN ADVISED ABOUT HIS RIGHTS AND STATED THAT HE FULLY UNDER STOOD THEM. WHEN ASK IF HE WANTED TO TELL US WHAT HAPPENED HE SAID HE WOULD. _____ WAS ADVISED THAT WE WOULD LIKE TO TAPE THE CONVERSATION AND ASK IF HAD ANY OBJECTIONS. HE STATED THAT HE HAD NO OBJECTIONS AND THAT HE WOULD TALK ON THE TAPE RECORDER.

_____ THEN GAVE A FULL CONFESSION TO BEING THE DRIVER AT THE TIME OF THE ACCIDENT AND INFORMED THIS OFFICER AND DET. _____ ALSO PRESANT OF A BREAK FAILER IN THE VEHICLE AND REQUESTED THE VEHICLE BE CHECKED OUT.

_____ WAS PROMISED THAT THIS WOULD BE DONE AS THE VEHICLE WAS IMPOUNDED TO THE GARAGE SECTION OF THE JAIL AND HELD FOR PROCESSING BY THE CRIME LAB. _____ WAS THEN RETURNED TO HIS CELL.



**SHERIFF'S DEPARTMENT
OAKLAND COUNTY**

"Michigan's Largest"

1201 N. TELEGRAPH PONTIAC, MICHIGAN 48063
854-4979

Polygraph Laboratory

ORIGINAL SUPP.

POLYGRAPH LAB NO. _____
AGENCY COMP. NO. U.C.S.D.
DATE RECEIVED 04-29-77
EXAM DATE 05-02-77
EXAM TIME 9:00 A.M.

POLYGRAPHIST _____
MAN HOURS 4
RE-EXAM DATE _____
RE-EXAM TIME _____

OFFICER IN CHARGE OF CASE _____ TX NO. _____
AGENCY REQUESTING EXAM Oakland County Sheriff Department
ADDRESS 1201 N. Telegraph Road, Pontiac, Michigan ZIP 48053

SUBJECT EXAMINED (NAME) _____ (NICKNAME) _____
ADDRESS _____ TX NO. _____ ZIP _____
RACE White SEX M D.O.B. 7-1-52 HEIGHT 5-7 WEIGHT 145 HAIR Brown EYES Brown

PARENT OR GUARDIAN _____
ADDRESS _____ TX NO. _____ ZIP _____

DOCTOR'S NAME _____ TX NO. _____
ADDRESS _____ DOCTOR'S YES _____ NO _____

CRIME <u>Reckless Homicide</u>	CRIME CLASSIFICATION	OCCURRENCE DATE <u>04-29-77</u>
CRIME OCCURRED IN COUNTY <u>Oakland</u>	TOWNSHIP <u>Oakland</u>	CITY _____
EXAM CONDUCTED IN POLYGRAPH SUITE <u>YES</u>	FIELD _____	
DID POLYGRAPHIST INV. CRIME SCENE <u>NO</u>		DATE _____

SUBJECT VICTIM	WITNESS	SUSPECT <u>YES</u>	NEW EMPLOYEE
SUBJECT'S STATUS INV. <u>YES</u>	ARRESTED <u>YES</u>	IN CUSTODY <u>YES</u>	ON BOND <u>NO</u> IN COURT <u>YES</u>
COURT LEVEL JUVENILE	DISTRICT <u>YES</u>	CIRCUIT _____	NAME OF JUDGE _____

TYPE OF EXAM CONDUCTED	PRE-EMPLOYMENT	KL <u>XXXX</u>	KSP	SP	EXPLOR
DISPOSITION OF EXAMINATION	T	QT	L	QL	IND CONF. <u>YES</u>

REMARKS: _____
_____ and two other men were occupants in an auto which struck a school bus in Oakland Township on 4-29-77 resulting in the injury of many children and the death of one of the school children.

_____ denies being the driver of the auto which ran a stop sign and hit the bus and he has agreed to take a polygraph examination to prove this issue.

PRE-TEST INTERVIEW:
_____ was advised of his rights and taken through the pre-test oral interview, at this time he asked to stop the testing procedure as he wanted to tell the truth about who was really driving the auto at the time of the accident.

In the presence of _____ and _____, _____ was re-advised of his rights and at this time he stated that he was driving the car on a gravel road, when he observed a stop sign about 15 or 20 feet ahead, he applied the brakes and they failed and the auto struck the rear of the school bus causing it to turn over. He states that he left the auto and ran to the bus to assist the injured children. _____ stated that he did not know who the driver of the car was but he was sure that it was a lot.

APPENDIX D
AUTOPSY REPORT

AUTOPSY REPORT

GENERAL INFORMATION

NAME OF DECEASED _____ CASE # _____ AUTOPOSY # _____
AGE 12 RACE White SEX Male XXXXXX D.O.A., XXXXXX (CHECK ONE)
DATE & TIME OF DEATH 4-29-77 4:15 PM DATE & TIME OF AUTOPOSY 4-20-77 11:05 AM
Crittenton hosp.

REF: TO HOSPITAL FROM SCENE OF ACCIDENT INVOLVING SCHOOL BUS AND ANOTHER VEHICLE. DEC. WAS PASSENGER ON SCHOOL BUS.

CAUSE OF DEATH: SHOCK AND HEMORRHAGE due to COMPOUND, COMMINUTED FRACTURE & MULTIPLE INJURIES.

MANNER OF DEATH: ACCIDENT.

IDENTIFIED BY: Tag.

PROPERTY:

RECEIVED BY:

EXTERNAL EXAMINATION

0. BODY GENERALLY - INTEGUMENTARY, HEMATOPOIETIC, & LYMPHATIC SYSTEMS.

LENGTH ^{54"} 135 cm WEIGHT ^{70#} 32 kg RIGOR WD LIVIDITY Dep. FROZEN 0 DECOMP. 0

SKIN: COLOR Wh SCARS 0 TATTOOS 0 EDEMA 0 JAUNDICE 0

INJURIES:

SPECIAL NOTES:

SPLEEN: WT. 110 gm., CAPSULE: ^{Lacerated,} gray-blue. CONSISTENCY: Moderately soft

COLOR OF CUT SURFACE: Pale red-with focal hemorrhagic areas. PULP LESIONS:

LYMPHNODES: GENERALLY NORMAL _____ ENLARGED x SOFT x FIRM _____

SPECIAL NOTES: Hemorrhage present in splenic bed.

ANATOMICAL LOCATION AND/OR GROUP WHEN INDICATED: Mesenteric lymphadenopathy

I. MUSCULOSKELETAL STRUCTURES: Well-developed.

FRACTURES: Compound, comminuted fracture of skull (see x-rays).

Comminuted fracture of pelvis.

CAVITY RUPTURES AND EVISCERATIONS: None.

AVULSIONS, MUTILATION AND DISMEMBERMENT: None.

SPECIAL NOTES:

2. RESPIRATORY TRACT:

AIRWAY OBSTRUCTION: MECHANICAL 0 TRAUMATIC 0 FOOD BOLUS 0

TRACHEOBRONCHIAL TREE: Patent - blood in lumen.

PULMONARY ARTERY & BRANCHES: Engorged.

LUNGS: WT. RT. 230 GM., WT. LT. 190 GM. PLEURA: Red-pink & blue.

SPECIAL NOTES: Section of all lobes show red-pink color with dark congested zone compatible with contusions and intra-aveolar hemorrhage.

caused by head impact

HEMOTHORAX ----- HYDROTHORAX ----- PNEUMOTHORAX -----

3. HEART:

* WT 150 GM. PERICARDIUM: Intact. FLUID: Minimal.

CHAMBERS: Contracted. ENDOCARDIUM: Smooth.

VALVES: All normal in size and shape.

THICKNESS OF RT. VENTRICULAR WALL 3 MM., LT. VENTRICULAR WALL 10 MM.

MYOCARDIUM ON SERIAL SECTION: Light red-brown. No gross lesions.

CORONARY ARTERIES: Ostia patent - arteries patent throughout.

SPECIAL NOTES:

4. BLOOD VESSELS & LYMPHATICS: Not remarkable.

LARGE ARTERIES: Aorta: intact.

GREAT VEINS:

SPECIAL NOTES:

* FREE OF CLOTS

5. ACCESSORY DIGESTIVE GLANDS: Unremarkable.

SALIVARY GLANDS (NAME AND/OR ANATOMICAL LOCATION AS INDICATED)

SPECIAL NOTES: Blood in oral cavity.

LIVER: WT. 720 GM., CAPSULE: Translucent. COSTAL BORDER: Sharp.

CONSISTENCY: Moderately soft. CUT SURFACE: Light tan-brown.

SPECIAL NOTES:

GALLBLADDER: Minimal amount of blood. STONES: None.

EXTRAHEPATIC BILE DUCTS: Patent.

PANCREAS: Firm, lobulated. No gross lesions.

6. ALIMENTARY TRACT:

ESOPHAGUS: Intact - patent. STOMACH: Intact.

STOMACH CONTENTS:

SMALL INTESTINE:)
LARGE INTESTINE:) No gross lesions.

APPENDIX: Normal. MESENTERY: Intact. PERITONEUM: Smooth

SPECIAL NOTES:

7. GENITO-URINARY TRACT & FETAL STRUCTURES:

KIDNEYS: WT. RT. 60 GM., LT. 60 GM SUBCAPSULAR SURFACE: Smooth.

CUT SURFACE: Light red-gray. RENAL MARKINGS: Well-def.

CONDITION OF PELVES & CALYCES: Unremarkable.

URETERS: Intact - patent. URINARY BLADDER: Intact - small quantity of urine.

PROSTATE, SEMINAL VESICLES & TESTES:
Unremarkable.

8. UTERUS, TUBES & OVARIES:

FETUS - LENGTH _____ CM., WT. _____ GM., GESTATION AGE _____ WK/MO.

SPECIAL NOTES:

9.- ENDOCRINES:

PITUITARY:

PINEAL:

ADRENALS: Thin yellow cortex, soft, brown medulla.

THYROID: Not remarkable.

PARATHYROIDS: Not remarkable.

OTHER:

THYMUS: (A DUCTLESS GLAND-LIKE BODY SHOULD BE DESCRIBED HERE IF INDICATED).

WT, 40 grams. Lobulated, pale.

SPECIAL NOTES:

10. NERVOUS SYSTEM AND SPECIAL SENSE ORGANS:

BRAIN: WT. ----- GM.,

MENINGES: Lacerated - subdural hemorrhage.

DURAL SINUSES AND CEREBRAL BLOOD VESSELS:

SPINAL FLUID:

CEREBRAL HEMISPHERES:)

) Soft, brain tissue exuding through multiple

CONVOLUTIONS AND SULCI:)

) fracture lines of calvarium.

SERIAL SECTION OF BRAIN AND BRAIN STEM:

SPECIAL NOTES: (INJURIES, ANOMALIES, ETC.)

SUMMARY OF GROSS PATHOLOGICAL FINDINGS

Compound Comminuted Fracture Skull with:

- Subdural Hemorrhage and contusion of brain.
- Fracture of pelvis.
- Laceration of spleen.
- Contusions of lungs.
- Multiple abrasions, contusions of trunk, arms, legs.

CAUSE OF DEATH: Shock & Hemorrhage due to Fracture of Skull
and Multiple Injuries.

MANNER OF DEATH: Accident.

OPINION:

ANCILLARY

- PHOTOS X
- X-RAYS X
- BLOOD
- URINE X
- SPINAL FLUID
- STOMACH CONTENTS
- OTHER

V-1

1963 MERCURY
MONTEREY



APPENDIX E
ANNOTATED
**COLLISION
PERFORMANCE
and
INJURY REPORT**

REVISION 3
EDITION 1/76



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(THIS FORM REPLACED PG2002 IN SEPTEMBER 1969)

ANNOTATED COLLISION PERFORMANCE AND INJURY REPORT

The original version of this form (GM-PG-2070) was copyrighted by General Motors in 1969. It was developed to promote a widespread interchange of standardized, comprehensive field data among professional research people engaged in accident investigation, and was designed to be used in conjunction with digital computers. It has been used extensively for recording and automating in-depth accident data under the sponsorship of the National Highway Traffic Safety Administration, Motor Vehicle Manufacturers Association, and Canadian Ministry of Transport. The form, as presented here, has evolved through the addition of supplementary forms, new data elements, and refinements of original data elements by other users with GM knowledge. Detailed coding instructions and interpretations have been compiled, along with related reference information, by The University of Michigan, Highway Safety Research Institute. Any questions or suggestions should be directed to one of the sponsoring organizations, or to:

Highway Safety Research Institute
The University of Michigan
Ann Arbor, Michigan 48109

General Instructions

The field investigator should:

1. Follow the sponsoring organization's instructions concerning the selection of case vehicles, data forms (e.g., supplements), and data elements to be coded.
2. Fill in all data elements (punch codes) required in instruction 1 above, including all "grey" areas (e.g., State FIPS code) and all responses to multiple-response questions (e.g., Objects Contacted).
3. Include an extra set of Occupant pages (28-30D; cards 11-26, 80-95) for each occupant beyond the first.
4. Check that all coded information agrees with the case documentation (e.g., narrative, photos) and is consistent with other coded responses.
5. Refer to and use the 1976 Editing Manual* and 1976 Reference Information* (or later editions) and/or other detailed instructions provided by the team sponsor for the specific interpretation and coding protocol for each data element or question. Other reference documents include: (a) Collision Deformation Classification - SAE J224a, February 1972; (b) The Abbreviated Injury Scale (AIS), (1976 Revision, Including Dictionary), by AMA, SAE, AAAM, 1976.

*Multidisciplinary Accident Investigation Data File, Editing Manual and Reference Information, Highway Safety Research Institute, Prepared under National Highway Traffic Safety Administration Contract No. DOT-HS-5-01134. March, 1976.

- a. "Volume I - 1976 Editing Manual"
- b. "Volume II - 1976 Reference Information "

FORM VERSION NUMBER <u>3</u>	TIME OF COLLISION _____ AM PM	KEYPUNCH ONLY: DATE REC'D _____ PUNCHED _____ VERIFIED _____
REPORT NUMBER <u>2 3 4 6 6 7 8 9</u>	DATE OF FIELD INVESTIGATION _____	
CARD NUMBER <u>01</u>	INVESTIGATOR _____	
DATE OF COLLISION <u>04</u> / <u>29</u> / <u>77</u>	CIRCLE PHOTO RECORDS MADE: SLIDES NEGATIVES POLAROID	
(99/99/99) Unknown	LOCATION WHERE VEHICLE WAS EVALUATED: _____	
REPORT PREPARED BY _____		

	PUNCH CODE	CARD COL.		PUNCH CODE	CARD COL.
LOCATION			Case Vehicle ONLY		
STATE: (FIPS Code)			ROAD ALIGNMENT		
CITY, TOWNSHIP, ETC.:			VERTICAL PLANE		
AREA			(1) LEVEL		
(1) URBAN			(2) CREST OF HILL		
(2) RURAL	<u>2</u>	20	(3) SLOPE- 2% grade	<u>1</u>	26
(0) UNKNOWN			(4) BOTTOM OF HILL		
LOCALITY			(0) UNKNOWN		
(1) MANUFACTURING OR INDUSTRIAL			HORIZONTAL PLANE		
(2) SHOPPING OR BUSINESS			(1) STRAIGHT	<u>1</u>	27
(3) APARTMENTS			(2) CURVE		
(4) SCHOOL OR PLAYGROUND			(0) UNKNOWN		
(5) RESIDENTIAL			SURFACE COVERING		
(6) FARM			(01) DRY		
(7) UNDEVELOPED	<u>7</u>	21	WATER		
(0) UNKNOWN			(02) DAMP		
ENVIRONMENTAL CONDITIONS			(03) WET		
LIMITED ACCESS HIGHWAY			(04) PUDDLED		
(1) YES			(05) UNKNOWN AMOUNT		
(2) NO	<u>2</u>	22	SNOW		
(0) UNKNOWN			(06) LOOSE		
ROAD TOTAL TRAFFIC LANES			(07) PACKED		
(1) 1-Lane			(08) CONDITION UNKNOWN		
(2) 2-Lane Case Vehicle			(09) ICE		
(3) 3-Lane			(10) SLUSH		
(4) 4 or More Lanes			(11) SPILLED GRAVEL		
(5) 4 or More Lanes Divided			(12) OTHER: _____	<u>01</u>	28-29
(6) Parking Lot, Driveway			(00) UNKNOWN		
(7) Other, e.g. RR Tracks, Ramps	<u>2</u>	23	PRECIPITATION		
(0) Unknown			(1) NONE		
OTHER ROAD TOTAL TRAFFIC LANES (IF AT INTERSECTION)			(2) RAIN		
CHOOSE FROM ABOVE LIST OR			(3) SNOW		
(9) NOT APPLICABLE	<u>2</u>	24	(4) HAIL		
TYPE OF ROAD SURFACE			(5) SLEET		
(1) Asphalt, Bituminous Concrete			(6) OTHER: _____	<u>1</u>	30
(2) CONCRETE			(0) UNKNOWN		
(3) GRAVEL			RATE OF PRECIPITATION		
(4) MORE THAN ONE TYPE			(3) NOT APPLICABLE		
(5) OTHER: _____			(4) LIGHT, MIST		
(0) UNKNOWN	<u>3</u>	25	(5) MODERATE		
			(6) HEAVY	<u>3</u>	31
			(0) UNKNOWN		
			SURFACE SLIPPERY		
			(1) YES		
			(2) NO	<u>2</u>	32
			(0) UNKNOWN		

COLLISION DESCRIPTION

ENVIRONMENTAL CONDITIONS

POSSIBLE MECHANICAL MALFUNCTION

ENVIRONMENTAL CONDITIONS

<p>SPEED LIMIT</p> <p>(1) 5-25 MPH (2) 26-30 (3) 31-35 (4) 36-40 (5) 41-45 (6) 46-55 (7) 56-65 (8) 66-75 (9) OVER 75 MPH (0) UNKNOWN</p> <p>ROAD DEFECTS</p> <p>(1) YES, TYPE UNKNOWN OR OTHER (2) NO (3) POT HOLE, BUCKLING, POLE, DISREPAIR (4) RAISED OR SUNKEN SURFACE (5) RAISED OR SUNKEN SURFACE CROSSING (6) DROP FROM ROAD TO SHOULDER (0) UNKNOWN</p> <p>TEMPERATURE, °F</p> <p>(1) BELOW ZERO (2) 0-19 (3) 20-29 (4) 30-34 (5) 35-39 (6) 40-59 (7) 60-79 (8) 80-99 (9) 100 or over (0) UNKNOWN</p> <p>CROSSWIND</p> <p>(1) NONE (2) LIGHT (3) STRONG (4) STRONG & GUSTY (0) UNKNOWN</p> <p>TIME OF DAY</p> <p>(1) DAY (2) NIGHT (3) DUSK (4) DAWN (0) UNKNOWN</p> <p>VISIBILITY LIMITATION (for accident)</p> <p>(1) None (2) Cloudy - Dark (3) Fog (4) Smoke (5) Windshield Condition (6) Glare (7) Other _____ (8) Rain (9) Snow (0) Unknown</p> <p>VISIBILITY OBSTRUCTION (for accident)</p> <p>(1) None (2) Building (3) Sign (4) Bushes (5) Tree (6) Hill or Curve in Road (7) Other _____ (8) Vehicle in Transport (9) Parked Vehicle (0) Unknown</p>	PUNCH CODE	CARD COL.
	<u>6</u>	33
	<u>2</u>	34
	<u>7</u>	35
	<u>2</u>	36
	<u>1</u>	37
	<u>1</u>	38
	<u>4</u>	39

POSSIBLE MECHANICAL MALFUNCTION

INVESTIGATION OF THE POSSIBILITY OF MECHANICAL MALFUNCTION

THIS SECTION SHOULD BE FILLED OUT IF A MECHANICAL MALFUNCTION IS RECOGNIZED, OR SUSPECTED BY THE INVESTIGATOR OR WAS ALLEGED TO HAVE CONTRIBUTED TO THE ACCIDENT INVOLVING THIS VEHICLE. SUPPORT ANY ITEMS CHECKED OR NOTATED BY COMMENTS.

CHECK ITEMS INVOLVED

<input checked="" type="checkbox"/> BRAKE SYSTEM	<input type="checkbox"/> THROTTLE CONTROLS
<input type="checkbox"/> EXHAUST SYSTEM	<input type="checkbox"/> DRIVER CONTROLS
<input type="checkbox"/> STEERING SYSTEM	<input type="checkbox"/> POWER TRAIN
<input type="checkbox"/> SUSPENSION SYSTEM	<input type="checkbox"/> FUEL SYSTEM
<input type="checkbox"/> TIRES	<input type="checkbox"/> VISIBILITY ITEMS
<input type="checkbox"/> ELECTRICAL SYSTEM	<input type="checkbox"/> OTHER: _____

PUNCH CODE	CARD COL.
<u>1</u>	40
<u>1</u>	41

NUMBER OF ITEMS INVOLVED

WAS COMMENT ABOUT MECHANICAL MALFUNCTION MADE BY ANY PERSON(S)?

(1) YES
(2) NO
(0) UNKNOWN

IF "YES", GIVE COMMENT(S) AND NAME(S) AND ADDRESS(ES) OF PERSON(S):

POSSIBLE MECHANICAL MALFUNCTION

COMMENTS AND OBSERVATIONS OF INVESTIGATOR ABOUT THE POSSIBILITY OF MECHANICAL MALFUNCTIONS:

MAIN BRAKE CYLINDER CONTAINED NO HYDRAULIC
FLUID. AIR IN BRAKE LINE. REAR BRAKE
LINE HAD SERIOUS LEAK AT THE LEFT REAR
AXLE AREA. LEAK CAUSED BY GRADUAL
CONTACT WEAR WITH EXHAUST PIPE.

POSSIBLE MECHANICAL MALFUNCTION

INVESTIGATOR: _____

DATE OF INVESTIGATION: _____

DATE OF REPORT: _____

GENERAL INFORMATION

IMPAIRMENT

COLLISION TYPE

COLLISION CONFIGURATION (of case vehicle)	PUNCH CODE	CARD COL.
VEHICLE TO OBJECT (1,2,0)*	<u>2</u>	42
ROLLOVER (1,2,0)* (90° or more)	<u>2</u>	43
RAN OFF THE ROADWAY(1,2,0)* (Before first impact)	<u>2</u>	44
VEHICLE TO VEHICLE (1) Yes, Configuration unknown (2) No (3) Head-on (F to F) (4) Intersection type L (5) Side-swipe (6) Rear-impact (F and B) (7) Other: _____ (8) Intersection type T (9) Unknown	<u>8</u>	45
VEHICLE TO STOPPED VEHICLE(1,2,0)* (Either vehicle)	<u>2</u>	46
VEHICLE TO MOVING VEHICLE(1,2,0)*	<u>1</u>	47
OTHER CONFIGURATION(1,2,0)* () (5) Non-Collision only (6) Vehicle-part to Vehicle (7) Vehicle to O.V. Trailer (8) Self-induced (9) Veh to Object to Veh	<u>2</u>	48
VEHICLES INVOLVED TOTAL NUMBER (INCLUDING CASE VEHICLE) <u>In Accident</u> (0) Unknown	<u>2</u>	49
OBJECTS CONTACTED (02) None (00) Unknown Object (03) Other Automobile (04) Ground (rollover only) (05) Guardrail (06) Bridge (rail) (07) Sign (08) Ditch (09) Embankment (snowbank) (10) Culvert (11) Fence (12) Pole or Tree (13) Pedestrian (14) Large Animal (15) Motorcycle (16) Large Truck--Type Unknown (see 20-25) (17) Train (18) Pedalcycle (bicycle+) (19) Building (20) Light/Pickup Truck, Small Van, Carryall (22) Tractor without trailer (23) Van delivery (walk-in/step van) (24) Straight truck, motor home (25) Tractor-trailer combination (26) Multi-purpose vehicle (Jeep) (28) Bus (29) Trailer (40) Object disengaging from other vehicle (50) Hydrants, short posts, stumps (51) Mailbox (rural), small posts/trees (52) Pier, Pillar (e.g., bridge support) (53) Retaining wall, abutment, Hiway fixtures (54) Impact attenuator (55) Breakaway Fixtures (99) Other	<u>20</u> <u>02</u> <u>02</u> <u>02</u>	50-51 52-53 54-55 56-57

CASE VEHICLE DRIVER'S ABILITY TO DRIVE IMPAIRED BY (CHOOSE NO MORE THAN TWO)	PUNCH CODE	CARD COL.
(00) UNKNOWN (02) NONE (03) DRINKING INVOLVED (Broad) (04) Drunk By Local Legal Standards (05) ASLEEP (BAC given) (06) FATIGUE (07) RECKLESSNESS (08) INATTENTION (09) LACK OF TRAINING (10) EMOTIONAL STATE (11) MEDICATION (12) Drugs (narcotic) <i>03 or 04</i> (13) ILLNESS (or otherwise) (14) INFIRMITIES (15) PHYSICALLY HANDICAPPED (16) OTHER: _____	<u>04</u>	58-59 60-61
SOURCE OF INFORMATION: _____ _____		
TRAFFIC VIOLATION (EITHER DRIVER) (1) YES (2) NO (0) UNKNOWN DESCRIBE VIOLATION: _____	<u>1</u>	62
Citation need not be issued, but only indicated.		
LEGAL ACTION WAS TRAFFIC VIOLATION CITATION ISSUED TO ANYONE? (1,2,0)* IF "YES", CIRCLE VIOLATOR: <u>DRIVER OF CASE VEHICLE</u> DRIVER OF OTHER VEHICLE PEDESTRIAN OTHER: _____	<u>1</u>	63
(Accident Point of View) TYPE OF LOSS PERSONAL INJURY (1,2,0)* PROPERTY DAMAGE (1,2,0)*	<u>1</u> <u>1</u>	64 65

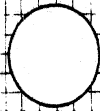
*WHERE (1,2,0) IS INDICATED, USE 1 FOR YES
2 FOR NO
0 FOR UNKNOWN

COLLISION SKETCH

Based on Information From _____

1. Draw heavy lines to show highway detail at the location of collision.
2. Give name of streets and highways and US, State and Interstate Route numbers, if any.
3. Identify all objects in sketch. Case vehicle should always be labeled "A". Time sequence numbers may be added (e.g., A1, A2).
4. Include dimensions when possible.

INDICATE NORTH BY ARROW



COLLISION SKETCH

SPEEDS

DESCRIBE COLLISION EVENTS

driver statement - saw stop sign 10 ft. before intersection + attempted to brake but they did not work

INFORMATION SOURCES: _____

REPORTED BY: _____

(Attach Police Report)

COMMENTS (Include 3rd vehicle speed estimate) _____

*35-50 - occupants V-2
35-40 police.*

35-police

CASE VEHICLE	PUNCH CODE	CARD COL.
ESTIMATED SPEED* (MPH)		
PRIOR TO IMPACT		66-68
ESTIMATED BY: <i>POLICE</i>		
At FIRST Impact		69-71
ESTIMATED BY:		

OTHER VEHICLE	PUNCH CODE	CARD COL.
ESTIMATED SPEED* (MPH)		
PRIOR TO IMPACT	<i>035</i>	72-74
ESTIMATED BY: <i>POLICE</i>		
At FIRST Impact		75-77
ESTIMATED BY:		

*IF SPEEDS ARE UNKNOWN, ENTER 999; (888) for Other Vehicle "not applicable"

END OF CARD 01

OTHER VEHICLE

NOTE: A complete analysis of this accident requires that a minimum amount of information be obtained on the other vehicle(s) involved. Therefore, the information on this page should be completed even though a separate long form may be filled out on these other vehicles.

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD 0 2
10 11

OTHER VEHICLE DESCRIPTION
VEHICLE IDENTIFICATION NUMBER

12	13	14	15	16	17	18	19	20	21	22	23	24							

MAKE _____

MODEL _____

CODE TO BE INSERTED _____

25 26 27 28 29

MODEL YEAR _____

19
30 31

Shipping Weight (pounds) _____

32 33 34 35

ODOMETER READING
(IF OVER 100,000: USE 99 999)

36 37 38 39 40

BODY STYLE

(Code Sun Roof as 1 to 5, not 6)

- (1) 2-Door Hardtop (no upper B pillar)
- (2) 2-Door Sedan or Coupe (any upper B)
- (3) 4-Door Hardtop
- (4) 4-Door Sedan
- (5) Station Wagon or Pickup Car
- (6) Convertible - soft or hard shell
- (7) Van (not walk-in)
- (8) Truck (inc. pickups+carryalls)
- (9) Other (e.g. bus, jeep, train)
- (0) Unknown

PUNCH CODE

CARD COL.

7 41

NUMBER OF CYLINDERS OR ROTORS
(Enter "0" if Unknown)

0 42

HIGH PERFORMANCE/AIR BAG EQUIPPED

- (0) No A/B; Unk if High Perf.
- (1) No A/B; High Performance
- (2) No A/B; Not High Perf.

Air Bag Equipped (any engine) and:

- (4) Any Deployments
- (5) No Deployments
- (6) Deployment Unknown
- (9) Both High Performance and A/B Equipped Unknown

0 43

NUMBER OF OCCUPANTS

19 44-45

VEHICLE LOADING

- (4) BELOW FULL RATED LOAD
- (5) NEAR FULL RATED LOAD
- (6) ABOVE FULL RATED LOAD
- (0) UNKNOWN

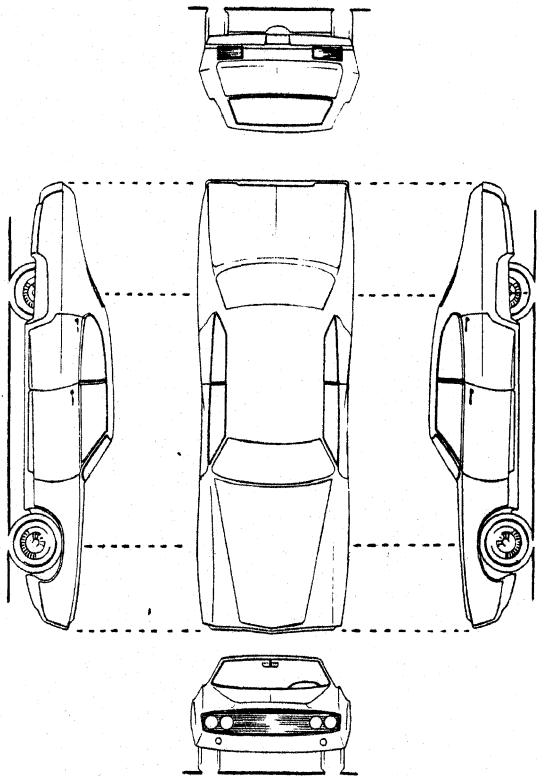
4 46

DAMAGE INDEX (OTHER VEHICLE)

47 48 49 50 51 52 53

VEHICLE DAMAGE

(This space may be used to enter details and notes about the other vehicle. See page 9 for instructions.)



COMMENTS:

See description of V-2

IF SEPARATE REPORT WAS MADE, GIVE REPORT NUMBER _____

OTHER VEHICLE

*WHERE (1,2,0) IS INDICATED, USE 1 FOR YES
2 FOR NO
0 FOR UNKNOWN

CASE VEHICLE

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD 0 3 10 11	
CASE VEHICLE DESCRIPTION VEHICLE IDENTIFICATION NUMBER <hr/>	
12 13 14 15 16 17 18 19 20 21 22 23 24	
MAKE <u>Mercury</u>	
MODEL <u>Monterey</u>	
CODE TO BE INSERTED <u>12202</u> <small>25 26 27 28 29</small>	
MODEL YEAR 19 <u>63</u> <small>30 31</small>	
Shipping Weight (pounds) _____ <small>32 33 34 35</small>	
ODOMETER READING <u>79749</u> (IF OVER 100,000: USE 99 999) <small>36 37 38 39 40</small>	
BODY STYLE (Code Sun Roof as 1 to 5, not 6) (1) 2-Door Hardtop (no upper B pillar) (2) 2-Door Sedan or Coupe (any upper B) (3) 4-Door Hardtop (4) 4-Door Sedan (5) Station Wagon or Pickup Car (6) Convertible - soft or hard shell (7) Van (not walk-in) (8) Truck (inc. pickups+carryalls) (9) Other (e.g. bus, jeep, train) (0) Unknown	PUNCH CODE 4 CARD COL. 41
BODY STRUCTURE (1) Body and Frame (2) Unitized (3) Integral-Stub Frame (4) Body and Platform-Frame (e.g., VW bug) (9) Other: _____ (0) Unknown	PUNCH CODE 1 CARD COL. 42
NUMBER OF CYLINDERS OR ROTORS (Enter "0" if Unknown)	PUNCH CODE 8 CARD COL. 43
HIGH PERFORMANCE/AIR BAG EQUIPPED (0) No A/B; Unk if High Perf. (1) No A/B; High Performance (2) No A/B; Not High Perf. Air Bag Equipped (any engine) and: (4) Any Deployments (5) No Deployments (6) Deployment Unknown (9) Both High Performance and A/B Equipped Unknown	PUNCH CODE 2 CARD COL. 44
NUMBER OF OCCUPANTS (Enter 99 if unknown)	PUNCH CODE 03 CARD COL. 45-46

VEHICLE LOADING (4) BELOW FULL RATED LOAD (5) NEAR FULL RATED LOAD (6) ABOVE FULL RATED LOAD (0) UNKNOWN	PUNCH CODE 4	CARD COL. 47
EQUIPMENT OPTIONS TRANSMISSION (4) AUTOMATIC + Semi Automatic (5) MANUAL (0) UNKNOWN	PUNCH CODE 4	CARD COL. 48
STEERING (4) POWER (5) MANUAL (0) UNKNOWN	PUNCH CODE 4	CARD COL. 49
BRAKES (4) POWER (5) MANUAL (0) UNKNOWN	PUNCH CODE 4	CARD COL. 50
BRAKES - TYPE (4) DRUM - ALL WHEELS (5) DISC - FRONT WHEELS (6) DISC - ALL WHEELS (0) UNKNOWN	PUNCH CODE 4	CARD COL. 51
BRAKE ANTI-LOCK DEVICE (2) NONE INSTALLED (4) TWO-WHEEL (5) FOUR-WHEEL (0) UNKNOWN	PUNCH CODE 2	CARD COL. 52
Top Position at Time of Collision (3) Solid Top - Not Applicable (4) Convertible Soft Top Up or Closed (5) Retracted Soft Top or Hard Shell Removed (6) Removable Hard Shell Installed (7) Sun Roof - Closed (8) Sun Roof - Open (0) Unknown	PUNCH CODE 3	CARD COL. 53
CASE VEHICLE REPAIR OR REPLACEMENT COST \$ _____ Unknown (9999) <small>54 55 56 57</small>		
CASE VEHICLE DAMAGE INDEX PRIMARY DAMAGE <u>12-FDEW-2</u> <small>58 59 60 61 62 63 64</small>		
SECONDARY DAMAGE <u>79-0000-0</u> <small>65 66 67 68 69 70 71</small>		
Unknown or None (99-0000-0) END OF CARD 03		

CASE VEHICLE

*WHERE (1,2,0) IS INDICATED, USE 1 FOR YES
 2 FOR NO
 0 FOR UNKNOWN

EXTERIOR DAMAGE

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD

0 4
10 11

SHEET METAL DAMAGE (Direct)

FRONT (1,2,0)*

1

12

REAR (1,2,0)*

2

13

LEFT SIDE (1,2,0)*

2

14

RIGHT SIDE (1,2,0)*

2

15

ROOF (1,2,0)*

2

16

OTHER (1,2,0)*: _____

2

17

REMARKS: _____

SHEET METAL CRUSH (Direct)

INSERT MAXIMUM CRUSH DIMENSION TO THE NEAREST INCH. DIMENSIONS MUST AGREE WITH DIAGRAMS ON FACING PAGE. (INSERT "99", IF UNKNOWN. INSERT "98", IF 98 INCHES OR OVER)

FRONT (INCHES)

99

18-19

REAR

00

20-21

LEFT SIDE

00

22-23

RIGHT SIDE

00

24-25

ROOF

00

26-27

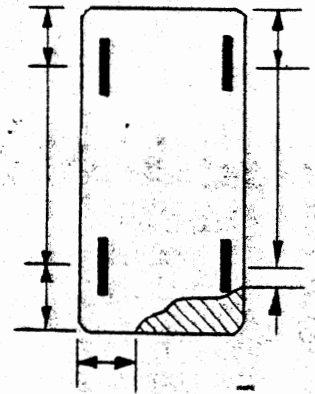
OTHER: .

00

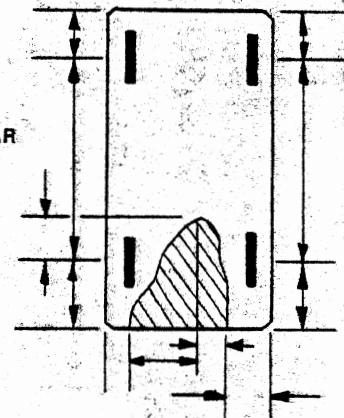
28-29

EXAMPLES.

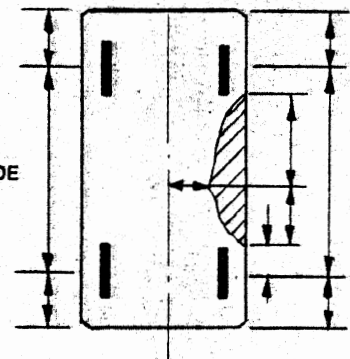
FRONT OR REAR



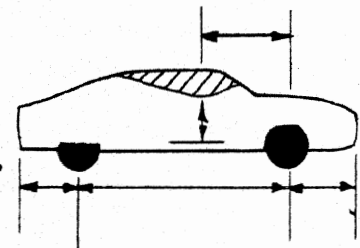
FRONT OR REAR



SIDE



ROOF
(REFERENCE TO TOP OF DOOR SILL OR WINDOW SILL)



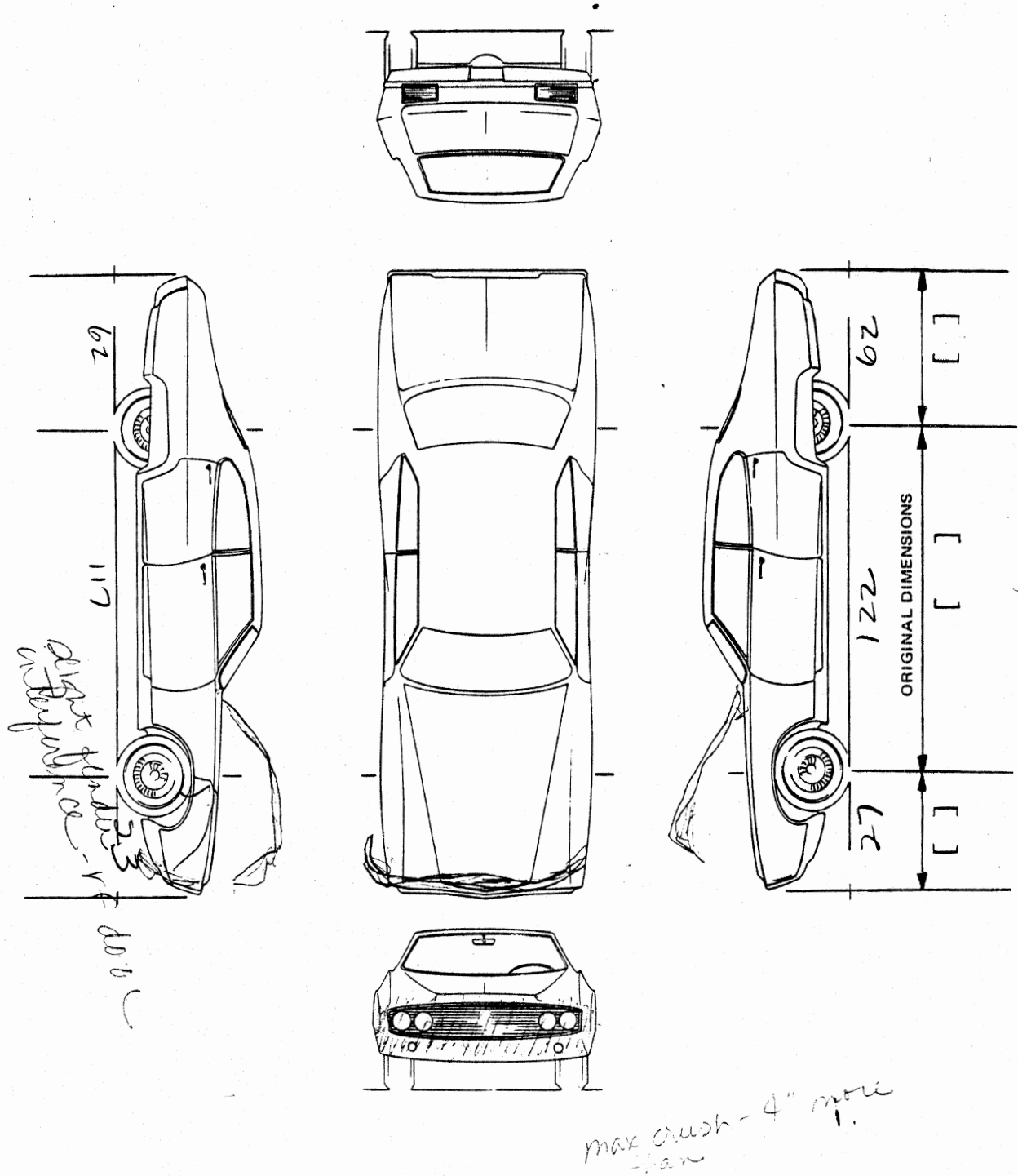
SHEET METAL

*WHERE (1,2,0) IS INDICATED, USE 1 FOR YES
2 FOR NO
0 FOR UNKNOWN

EXTERIOR DAMAGE

FIELD INVESTIGATOR INSTRUCTIONS:

1. Indicate crushed areas by outlining new perimeter of vehicle and shading the damaged areas on the large sketch below. Use as many sketches as necessary to completely describe the damage.
2. Enter the dimensions on the sketch(es) measured to the point of maximum penetration by the object(s) contacted. Use the examples on the facing page as a guide.
3. Enter the three dimensions to the center of the wheels (wheelbase, front and rear overhangs) on both sides of the car.
4. Add other dimensions as necessary to completely describe the damage.



VEHICLE SKETCH

WHEELS AND TIRES

WHEELS		PUNCH CODE	CARD COL.
ORIGINAL EQUIPMENT TYPE			
FRONT (1,2,0)*	IF	0	30
REAR (1,2,0)*		1	31
DAMAGED (1,2,0)*		2	32
DESCRIBE DAMAGE AND NON O.E. WHEELS			
TIRES			
TREAD TYPE			
(4) REGULAR	FRONT	4	33
(5) NON-STUDED SNOW			
(6) STUDED SNOW			
(7) 'SLICK'			
(8) LEFT AND RIGHT SIDES DIFFERENT	REAR	4	34
(9) OTHER: _____			
(0) UNKNOWN			
TREAD WEAR			
(4) LIGHT	FRONT	6	35
(5) MEDIUM			
(6) HEAVY			
(7) BALD			
(8) LEFT AND RIGHT SIDES DIFFERENT	REAR	6	36
(9) OTHER: _____			
(0) UNKNOWN			
PROFILE			
(4) REGULAR 80,78	FRONT	4	37
(5) WIDE OVAL 70,60,50			
(6) LEFT AND RIGHT SIDES DIFFERENT	REAR	4	38
(7) OTHER: _____			
(0) UNKNOWN			
CARCASS TYPE			
(4) BIAS PLY	FRONT	5	39
(5) BELTED-BIAS PLY			
(6) RADIAL PLY			
(7) LEFT AND RIGHT SIDES DIFFERENT	REAR	5	40
(8) OTHER: _____			
(0) UNKNOWN			

WHEELS & TIRES

lf-3
rf-4
lr-3
rr-3

TIRES (CONT'D.)	
SIZE	
FRONT { LEFT	H78 14
FRONT { RIGHT	_____
REAR { LEFT	J78 14
REAR { RIGHT	H78 14
MANUFACTURER	
FRONT { LEFT	Dayton Deluxe
FRONT { RIGHT	_____
REAR { LEFT	can't read
REAR { RIGHT	Unroyal
MODEL	
FRONT { LEFT	_____
FRONT { RIGHT	_____
REAR { LEFT	_____
REAR { RIGHT	_____
CODE	
FRONT { LEFT	_____
FRONT { RIGHT	_____
REAR { LEFT	_____
REAR { RIGHT	_____
LOAD RANGE	
FRONT { LEFT	B
FRONT { RIGHT	_____
REAR { LEFT	B
REAR { RIGHT	B

*WHERE (1,2,0) IS INDICATED. USE 1 FOR YES
2 FOR NO
0 FOR UNKNOWN

FRONT EXTERIOR

HOOD PERFORMANCE (FRONT OF VEHICLE)	PUNCH CODE	CARD COL.
HOOD LATCH(ES)		
RELEASED (1,2,3,0)*	1	41
DAMAGED (1,2,3,0)*	1	42
JAMMED (1,2,3,0)*	2	43
HOOD HINGES		
LEFT { DAMAGED (1,2,3,0)	2	44
LEFT { SEPARATED (1,2,3,4,5,0)**	2	45
RIGHT { DAMAGED (1,2,3,0)	2	46
RIGHT { SEPARATED (1,2,3,4,5,0)**	2	47
HOOD REMAINED ON VEHICLE (1,2,3,0)	1	48
REAR EDGE OF HOOD		
ELEVATED (1,2,3,0)	1	49
CONTACTED WINDSHIELD (1,2,3,0)	2	50
PENETRATED WINDSHIELD (1,2,3,0)*	3	51
OPTIONAL HOOD INSTALLED (1,2,3,0)	2	52
ENGINE OR TRANSMISSION MOUNT SEPARATION (1,2,3,4,5,0)	2	53
STEERING COLUMN FLEXIBLE COUPLING		
EQUIPPED (2) No →	2	54
Yes		
(1) Type Unknown		
(6) Rag		
(7) Pot		
(8) Universal		
(9) Other		
(0) Unknown	3	55
SEPARATED (1,2,3,4,5,0)**		
OTHER DAMAGE (1,2,3,0)*		
DESCRIBE: _____		56

ENGINE COMPARTMENT TELESCOPING UNIT
(SEE DRAWING ON PAGE 18 FOR LOCATION)

FRONT OF VEHICLES

LOWER TELESCOPING SHAFT

HOOD

TYPE OF UNIT	PUNCH
(5) None Installed	5 57
(1-6) See Sketch Above	
(8) Double U-Joint or Flexible Cable Joint	
(9) Others _____	
(0) Unknown	
ORIGINAL LENGTH, (F) _____	888 60
TELESCOPED LENGTH, (G) _____	
DIFFERENCE (F-G) (tolerance ± 0.6 in.) _____	
(777) Device Extended (888) Not Equipped, (999) Unknown (998) Compressed, Unknown Amount	
END OF CARD 04	

*USE: 1=YES 3=NOT APPLICABLE
2=NO 0=UNKNOWN

**USE: 1=YES, TYPE UNKNOWN
2=NO 3=NOT APPLICABLE

4-PARTIAL SEPARATION
3-COMplete SEPARATION
0-UNKNOWN

FIRE

LEFT EXTERIOR

DUPLICATE COLUMN **0 5**
10 11

FIRE (Accident Viewpoint)	PUNCH CODE	CARD COL.
(1) Fire - time unknown (2) No Fire (4) Pre-Crash Fire Start (5) At-Crash Fire Start (6) Post-Crash Fire Start (0) Unknown	2	12
EXTENT OF FIRE (to Case Vehicle) (3) No Fire, Not Applicable (4) Minor - easily extinguished (5) Major (e.g., entire interior or engine) (0) Unknown	3	13
FIRE ORIGIN (in Case Vehicle) (3) No Fire, Not Applicable (4) Engine Compartment (5) Passenger Compartment (6) Luggage Compartment (7) Fuel Tank, lines, filler (8) Other: _____ (0) Unknown	3	14

NOTES ABOUT FIRE: _____

LEFT PILLARS

FIRE

LEFT PILLARS

LEFT PILLARS	PUNCH CODE	CARD COL.
If left pillars were not damaged or separated or left roof side rail was not damaged or buckled, place a "1" in code column. Code remainder of column	1	15
A-PILLAR		
UPPER { DAMAGED (1,2,0)*	2	16
SEPARATED (1,2,3,4,5,0)**	2	17
LOWER { DAMAGED (1,2,0)*	2	18
SEPARATED (1,2,3,4,5,0)**	2	19
B-PILLAR (Also Rear Pillar on Pick-Up Truck, Corvette, Camaro, Firebird)		
UPPER { DAMAGED (1,2,3,0)*	2	20
SEPARATED (1,2,3,4,5,0)**	2	21
LOWER { DAMAGED (1,2,0)*	2	22
SEPARATED (1,2,3,4,5,0)**	2	23
C-PILLAR		
UPPER { DAMAGED (1,2,3,0)*	2	24
SEPARATED (1,2,3,4,5,0)**	2	25
LOWER { DAMAGED (1,2,3,0)*	2	26
SEPARATED (1,2,3,4,5,0)**	2	27
D-PILLAR (Station Wagon & Limousine)		
UPPER { DAMAGED (1,2,3,0)*	3	28
SEPARATED (1,2,3,4,5,0)**	3	29
LOWER { DAMAGED (1,2,3,0)*	3	30
SEPARATED (1,2,3,4,5,0)**	3	31
LEFT ROOF SIDE RAIL		
DAMAGED (1,2,3,0)*	2	32
BUCKLED (1,2,3,0)*	2	33

*USE: 1-YES 3-NOT APPLICABLE
2-NO 0=UNKNOWN

**USE: 1-YES, TYPE UNKNOWN
2-NO
3-NOT APPLICABLE

4-PARTIAL SEPARATION
5-COMPLETE SEPARATION
0=UNKNOWN

LEFT EXTERIOR

REAR EXTERIOR

SIDE STRUCTURE - LEFT SIDE		PUNCH CODE	CARD COL.
LEFT BODY MOUNT SEPARATION (1,2,3,0)* <i>Unitised</i>		<u>2</u>	34
If door hinges and latches were not damaged and doors did not jam or open during collision, and continuity of the side structure was maintained, place a "1" in code column. Code remainder of column		<u>1</u>	35
DOOR LATCHES			
LEFT FRONT	DAMAGED (1,2,3,0)*	<u>2</u>	36
	RELEASED (1,2,3,0)*	<u>2</u>	37
LEFT REAR	DAMAGED (1,2,3,0)*	<u>2</u>	38
	RELEASED (1,2,3,0)*	<u>2</u>	39
DOOR HINGES			
LEFT FRONT	DAMAGED (1,2,3,0)*	<u>2</u>	40
	SEPARATED (1,2,3,4,5,0)**	<u>2</u>	41
LEFT REAR	DAMAGED (1,2,3,0)*	<u>2</u>	42
	SEPARATED (1,2,3,4,5,0)**	<u>2</u>	43
CONTINUITY OF SIDE STRUCTURE MAINTAINED (1,2,3,0)* i.e., Is Side Boundary Broken Not restricted to vehicles with reinforced side structure.		<u>1</u>	44
DOORS OPENED DURING COLLISION			
LEFT	FRONT (1,2,0)*	<u>2</u>	45
	REAR (1,2,3,0)*	<u>2</u>	46
DOORS JAMMED CLOSED			
LEFT	FRONT (1,2,0)*	<u>2</u>	47
	REAR (1,2,3,0)*	<u>2</u>	48

FUEL TANK AND LINES		PUNCH CODE	CARD COL.
APPROXIMATE FUEL LEVEL AT TIME OF IMPACT (4) LESS THAN 1/2 (5) 1/2 OR MORE (0) UNKNOWN		<u>0</u>	49
TANK RETENTION (4) COMPLETE RETENTION (5) PARTIAL DISENGAGEMENT (6) COMPLETE DISENGAGEMENT (0) UNKNOWN		<u>4</u>	50
TANK DEFORMED (1,2,0)* includes neck		<u>2</u>	51
FUEL LEAKAGE PRESENT (1,2,0)*		<u>2</u>	52
LOCATION OF LEAKS			
FROM THE TANK (1,2,3,0)*		<u>3</u>	53
FROM THE NECK (1,2,3,0)*		<u>3</u>	54
FROM THE LINES (1,2,3,0)*		<u>3</u>	55
TRAILER AND HITCH (1) Yes, Type Unknown (2) No hitch (3) Ball and Socket, Temporary Bumper (e.g., rental clamp-on) (4) Ball and Socket, Bumper only (e.g., light truck) (5) Ball and Socket - Frame Hitch (e.g., frame and bumper) (6) Equalising, load distributing (7) Ring and PinCle (e.g., double tractor) (8) Fifth Wheel (e.g., semi) (9) Other (e.g., clevis and pin) (0) Unknown		<u>2</u>	56
TRAILER BEING TOWED (AT TIME OF COLLISION) (1) Yes, Type Unknown (2) No (hitch, no trailer) (3) Not Applicable (no hitch) (4) Travel Trailer/Camper (5) Mobile Home (6) Boat/Snowmobile/ATV Trailer (7) Rental/Cargo Trailer (8) Car (9) Other: _____ (0) Unknown		<u>3</u>	57

TRAILER

FUEL TANK

LEFT SIDE STRUCTURE

*USE: 1=YES 2=NO 3-NOT APPLICABLE 0=UNKNOWN
**USE: 1=YES,TYPE UNKNOWN 2=NO 3-NOT APPLICABLE

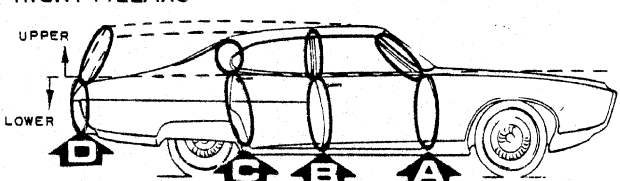
4-PARTIAL SEPARATION 5-COMplete SEPARATION 0=UNKNOWN

REAR EXTERIOR

TRUNK

TAILGATE

LUGGAGE AREA

		PUNCH CODE	CARD COL.	DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD	
TAILGATE (HATCHBACK) PERFORMANCE Includes back doors of Vans				0	6
				10	11
LATCHES					
RELEASED	(1,2,3,0)*	3	58	2	12
DAMAGED	(1,2,3,0)*	3	59	2	13
LATCH OR TAILGATE JAMMED	(1,2,3,0)*	3	60	2	14
HINGES OR TRACKS (CLAM SHELL)					
BOTTOM LEFT	DAMAGED (1,2,3,0)*	3	61	2	15
	SEPARATED (1,2,3,4,5,0)**	3	62	2	16
BOTTOM RIGHT	DAMAGED (1,2,3,0)*	3	63	2	17
	SEPARATED (1,2,3,4,5,0)**	3	64	2	18
TOP LEFT	DAMAGED (1,2,3,0)*	3	65	2	19
	SEPARATED (1,2,3,4,5,0)**	3	66	3	20
TOP RIGHT	DAMAGED (1,2,3,0)*	3	67	2	21
	SEPARATED (1,2,3,4,5,0)**	3	68		
EQUIPPED WITH TWO-WAY TAILGATE	(1,2,3,0)* (6) Disappearing Tailgate	3	69	2	22
TAILGATE ELECTRIC WINDOW OPERABLE	(1,2,3,0)*	3	70		
END OF CARD 05					
				TRUNK LID PERFORMANCE (REAR OF VEHICLE)	
				PUNCH CODE	CARD COL.
				LATCHES	
				RELEASED (1,2,3,0)*	2
				DAMAGED (1,2,3,0)*	2
				LATCH OR LID JAMMED (1,2,3,0)*	2
				HINGES	
				LEFT	
				DAMAGED (1,2,3,0)*	2
				SEPARATED (1,2,3,4,5,0)**	2
				RIGHT	
				DAMAGED (1,2,3,0)*	2
				SEPARATED (1,2,3,4,5,0)**	2
				TRUNK or PARTITIONED LUGGAGE AREA	
				DAMAGED (1,2,3,0)	2
				SPARE TIRE SEPARATION (1,2,3,4,0) (4) for spare tire not initially attached	3
				TRUNK - PASSENGER COMPARTMENT PARTITION DAMAGE (1,2,3,0)*	2
				BACKLIGHT HEADER (REAR WINDOW TOP FRAME)	
				BACKLIGHT HEADER DAMAGED OR BUCKLED (1,2,3,0)* convertible	2
				RIGHT PILLARS	
				UPPER	
				LOWER	
					

*USE: 1-YES 2-NO 3-NOT APPLICABLE 0-UNKNOWN

**USE: 1-YES, TYPE UNKNOWN 2-NO 3-NOT APPLICABLE

4-PARTIAL SEPARATION 5-COMPLETE SEPARATION 0-UNKNOWN

RIGHT EXTERIOR

RIGHT PILLARS		PUNCH CODE	CARD COL.	SIDE STRUCTURE - RIGHT SIDE		PUNCH CODE	CARD COL.
If right pillars were not damaged or separated or right roof side rail was not damaged or buckled, place a "1" in code column. Code remainder of column		<u>1</u>	23	RIGHT BODY MOUNT SEPARATION (1,2,3,0)* <small>Unicised</small>		<u>2</u>	43
A-PILLARS		<u>2</u>	24	If door hinges and latches were not damaged and doors did not jam or open during collision, and continuity of the side structure was maintained, place a "1" in code column. Code remainder of column		<u>1</u>	44
UPPER	DAMAGED (1,2,0)*	<u>2</u>	24	DOOR LATCHES	RIGHT FRONT { DAMAGED (1,2,3,0)* RELEASED (1,2,3,0)*	<u>2</u>	45
	SEPARATED (1,2,3,4,5,0)**	<u>2</u>	25			<u>2</u>	46
LOWER	DAMAGED (1,2,0)*	<u>2</u>	26	RIGHT REAR { DAMAGED (1,2,3,0)* RELEASED (1,2,3,0)*	<u>2</u>	47	
	SEPARATED (1,2,3,4,5,0)**	<u>2</u>	27		<u>2</u>	48	
B-PILLAR (ALSO REAR PILLAR ON PICK-UP TRUCK, CORVETTE, CAMARO, FIREBIRD)		<u>2</u>	28	DOOR HINGES		<u>2</u>	49
UPPER	DAMAGED (1,2,3,0)*	<u>2</u>	28	RIGHT FRONT { DAMAGED (1,2,3,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	50	
	SEPARATED (1,2,3,4,5,0)**	<u>2</u>	29		<u>2</u>	51	
LOWER	DAMAGED (1,2,0)*	<u>2</u>	30	RIGHT REAR (Hinge or track) { DAMAGED (1,2,3,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	52	
	SEPARATED (1,2,3,4,5,0)**	<u>2</u>	31		<u>2</u>		
C-PILLAR		<u>2</u>	32	CONTINUITY OF SIDE STRUCTURE MAINTAINED (1,2,3,0)* <small>i.e., Is Side Boundary Broken Not restricted to vehicles with reinforced side structure.</small>		<u>1</u>	53
UPPER	DAMAGED (1,2,3,0)*	<u>2</u>	32	DOORS OPENED DURING COLLISION		<u>2</u>	54
	SEPARATED (1,2,3,4,5,0)**	<u>2</u>	33	RIGHT { FRONT (1,2,0)* REAR (1,2,3,0)*	<u>2</u>	55	
LOWER	DAMAGED (1,2,3,0)*	<u>2</u>	34		DOORS JAMMED CLOSED		<u>2</u>
	SEPARATED (1,2,3,4,5,0)**	<u>2</u>	35	RIGHT { FRONT (1,2,0)* REAR (1,2,3,0)*	<u>2</u>	57	
D-PILLAR (STATION WAGON & LIMOUSINE)		<u>3</u>	36				
UPPER	DAMAGED (1,2,3,0)*	<u>3</u>	36				
	SEPARATED (1,2,3,4,5,0)**	<u>3</u>	37				
LOWER	DAMAGED (1,2,3,0)*	<u>3</u>	38				
	SEPARATED (1,2,3,4,5,0)**	<u>3</u>	39				
RIGHT ROOF SIDE RAIL		<u>2</u>	40				
DAMAGED (1,2,3,0)*		<u>2</u>	40				
BUCKLED (1,2,3,0)*		<u>2</u>	41				
WINDSHIELD HEADER		<u>2</u>	42				
DAMAGED OR BUCKLED (1,2,0)*		<u>2</u>	42				

RIGHT SIDE STRUCTURE

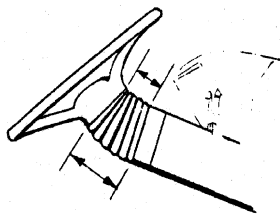
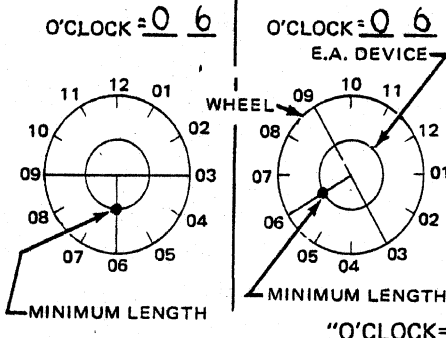
RIGHT PILLARS

*USE: 1=YES 2=NO 3=NOT APPLICABLE 0=UNKNOWN
 **USE: 1=YES, TYPE UNKNOWN 2=NO 3=NOT APPLICABLE 4=PARTIAL SEPARATION 5=COMPLETE SEPARATION 0=UNKNOWN

STEERING WHEEL

STEERING WHEEL

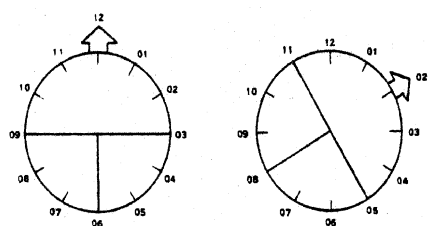
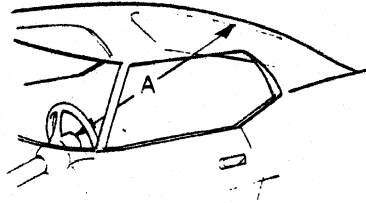
STEERING WHEEL	PUNCH CODE	CARD COL.
TYPE GM only, others and unknown use (99).	<u>99</u>	59-59
NOTES ON NON-ORIGINAL EQUIPMENT STEERING WHEEL:		
STEERING WHEEL RIM		
DAMAGE (2) NONE (4) SLIGHTLY DEFORMED (5) SEVERELY BENT (6) BROKEN (0) UNKNOWN	<u>2</u>	60
OCCUPANT CONTACT (1,2,3,0)	<u>0</u>	61
STEERING WHEEL SPOKES		
NUMBER OF SPOKES (ENTER "0" IF UNKNOWN)	<u>3</u>	62
DAMAGE (2) NONE (4) SLIGHTLY DEFORMED (5) SEVERELY BENT (6) BROKEN (0) UNKNOWN	<u>2</u>	63
OCCUPANT CONTACT (1,2,3,0)	<u>2</u>	64
HORN RING, HORN BUTTON(S), OR SPOKE SHROUD OR DRIVER AIR BAG COVER DAMAGED (1,2,0)*	<u>2</u>	65
OCCUPANT CONTACT (1,2,3,0)	<u>2</u>	66

STEERING WHEEL ENERGY ABSORBING DEVICE (SEE DRAWING ON PAGE 18 FOR LOCATION) EQUIPPED (1,2,0)*	PUNCH CODE	CARD COL.
	<u>2</u>	67
ENERGY ABSORBING DEVICE FINAL POSITION MEASURE THE MINIMUM AND MAXIMUM OVERALL LENGTH OF THE ENERGY ABSORBING DEVICE (BETWEEN THE STEERING WHEEL AND STEERING COLUMN). ENTER THESE LENGTHS BELOW		
		
MAX. = _____ in.; MIN. = _____ in.		
THE E.A. DEVICE ROTATES WITH THE STEERING WHEEL. WE WANT TO KNOW WHERE THIS MINIMUM LENGTH OCCURRED (AROUND THE CIRCUMFERENCE OF THE E.A. DEVICE) WITH RESPECT TO THE SPOKES. RECORD BELOW THE O'CLOCK POSITION AT WHICH THIS MINIMUM LENGTH WAS MEASURED.		
EXAMPLES		
		
MINIMUM LENGTH	<u>8</u>	<u>8</u>
(ENTER 00 IF UNKNOWN)	68	69
ENERGY ABSORBING DEVICE COMPRESSION FOLLOWING TO BE FILLED IN BY ANALYSIS GROUP (ENTER 99,9 IF UNKNOWN)		
ORIGINAL LENGTH (H) _____ IN.		
DAMAGED MAX. LENGTH (X) _____ IN.	<u>88.8</u>	
DIFFERENCE (H-X) _____ IN.	70	71
ORIGINAL LENGTH (H) _____ IN.		
DAMAGED MIN. LENGTH (Y) _____ IN.	<u>88.8</u>	
DIFFERENCE (H-Y) _____ IN.	73	74
DEVICE EXTENDED (4) X GREATER THAN H (5) X AND Y GREATER THAN H (6) NEITHER (7) UNKNOWN (8) NOT APPLICABLE	<u>8</u>	76
	8" for Not Equipped	

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

END OF CARD 06

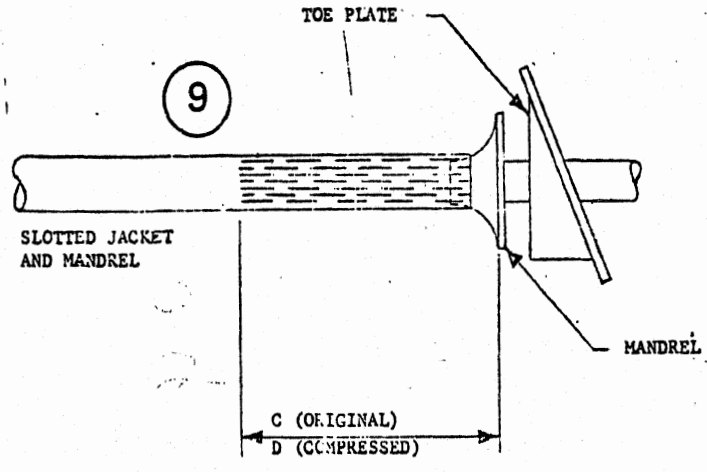
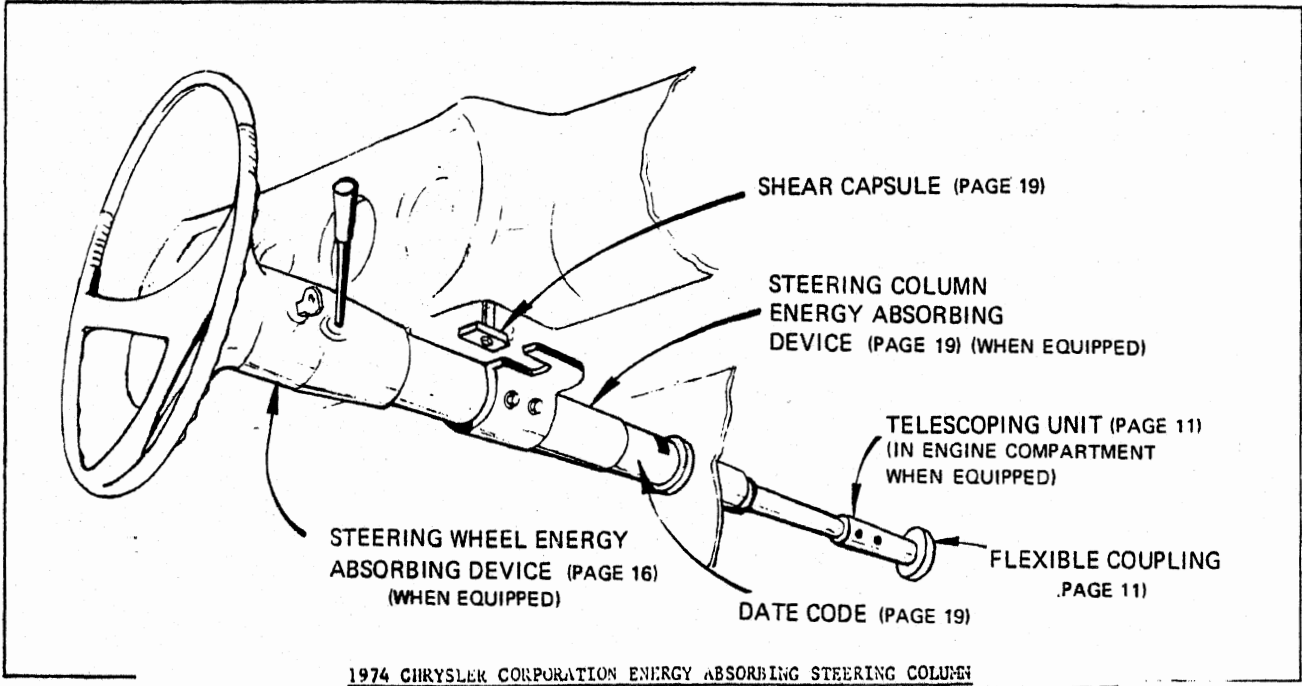
STEERING WHEEL AND COLUMN

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD <u>07</u> 10 11		SWING-AWAY FEATURE		PUNCH CODE	CARD COL.
STEERING WHEEL POSITION AT TIME OF COLLISION IN WHAT O'CLOCK POSITION WAS THE NORMAL TOP OF THE WHEEL POINTED WHEN THE COLLISION OCCURRED? EXAMPLES O'CLOCK = <u>12</u> O'CLOCK = <u>02</u>  (NORMAL STRAIGHT AHEAD) (00) UNKNOWN O'CLOCK = <u>00</u>	PUNCH CODE	CARD COL.	EQUIPPED (1,2,0)*	<u>2</u>	20
			FINAL POSITION (3) NOT APPLICABLE (4) NORMAL (5) RIGHT OF NORMAL (0) UNKNOWN	<u>3</u>	21
Steering Wheel Pad or Air Bag S.W. Pad Equipped (1,2,0)* Steering Wheel Air Bag: (4) Deployment (5) Equipped-No Deployment (6) Deployment Unknown (9) Both Pad and Air Bag Unknown S.W. Pad Deformed or Contact to Driver Air Bag(1,2,3,0)*			FINAL COLUMN POSITION MEASURE THE DISTANCE FROM THE STEERING WHEEL CENTER TO THE TOP OF THE REAR WINDOW GLASS, DIRECTLY BEHIND THE HUB. ("A" IN SKETCH). ENTER THIS DISTANCE IN BLANK "A".  A: _____ INCHES		
TILT FEATURE EQUIPPED (1,2,0)* FINAL POSITION (3) NOT APPLICABLE (4) NORMAL (5) TILTED UP (6) TILTED DOWN (0) UNKNOWN			COLUMN MOVEMENT If top or rear window glass is displaced, then use (999) (ENTER 99.9 IF UNKNOWN) FROM A CORRESPONDING UNDAMAGED VEHICLE, MAKE A MEASUREMENT SIMILAR TO "A" ABOVE, AND RECORD IT IN BLANK "B". (PLACE TILT STEERING WHEEL IN MID-POSITION AND TELESCOPING COLUMNS IN FULL DOWN POSITION). ORIGINAL DIMENSION (B) _____ IN. DAMAGED VEHICLE DIMENSION (A) _____ IN. DIFFERENCE A-B _____ tolerance ± 1.0		
TELESCOPING FEATURE EQUIPPED (1,2,0)* FINAL POSITION (3) NOT APPLICABLE (4) NORMAL (5) ABOVE NORMAL (6) BELOW NORMAL (0) UNKNOWN			DIRECTION OF MOVEMENT (4) FORWARD (A GREATER THAN B) (5) REARWARD (A LESS THAN B) (6) NEITHER (0) UNKNOWN	<u>99.9</u>	22 23 24

STEERING WHEEL AND COLUMN

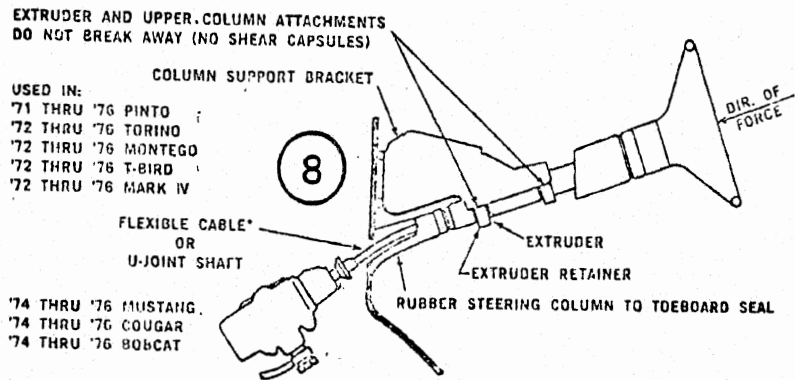
*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE 2 FOR NO 0 FOR UNKNOWN

STEERING COLUMN (CONT'D.)

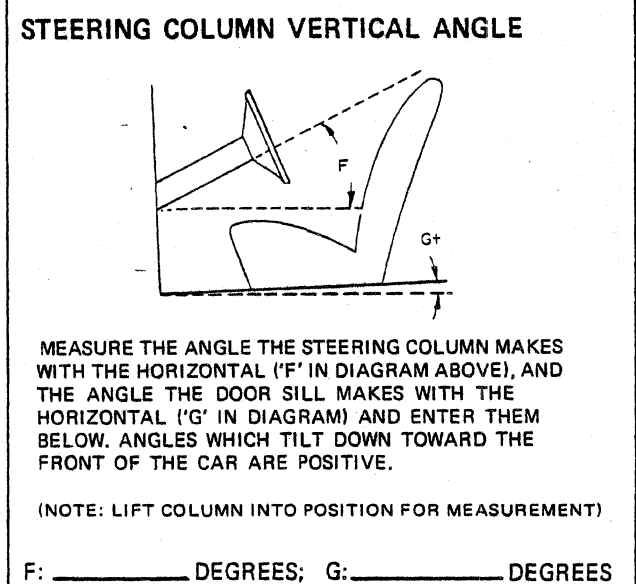
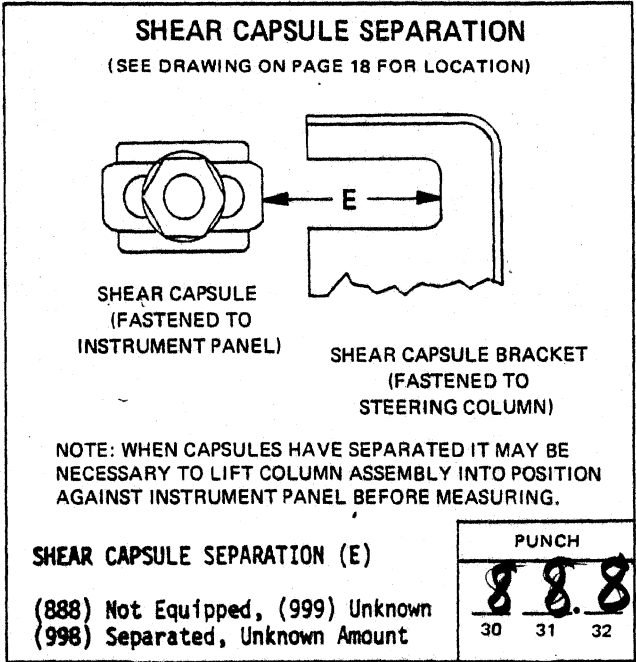
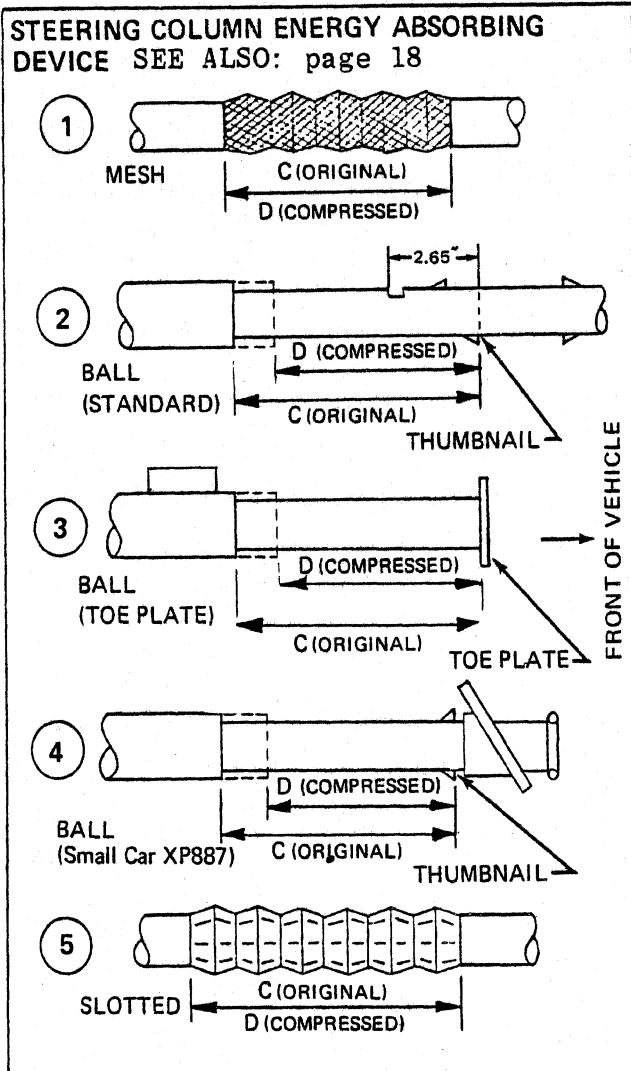


FORD ENERGY ABSORBING "MINI" COLUMN

(1971-76 PINTO; 1972-76 TORINO, MONTEGO, T-BIRD, MARK IV) AND
1975-76 BOBCAT; 1974-76 MUSTANG & COUGAR, AND 1975-76 GRANADA & MONARCH



STEERING COLUMN (CONT'D.)



STEERING COLUMN ENERGY ABSORBING DEVICE TYPE OF DEVICE	PUNCH
(7) Not Equipped (1) Mesh (2) Ball (Standard) (3) Ball (with Toe Plate) (4) Ball (Vega) (5) Slotted (6) Other: _____ (e.g. Colt) (8) Ford Mini-Column (9) Chrysler Slotted Jacket and Mandrel (1974+) (0) Unknown	7 26
(SEE DRAWING ON PAGE 18 FOR LOCATION)	
ORIGINAL LENGTH, (C) _____	
COMPRESSED LENGTH, (D) _____	
COMPRESSION, (C-D) _____	88.8 27 28 29
(777) Device Extended (888) Not Equipped, (999) Unknown (998) Compressed, Unknown Amount	

COLUMN VERTICAL ROTATION	PUNCH
FINAL COLUMN POSITION	
COLUMN ANGLE (Relative to Ground) (F) 25	
VEHICLE ANGLE (G) -01	
COLUMN ANGLE (Relative to Vehicle) (F-G=H) _____	
FROM A CORRESPONDING UNDAMAGED VEHICLE, MAKE A MEASUREMENT SIMILAR TO "H" ABOVE AND RECORD IT IN BLANK "J"	
ORIGINAL DIMENSION (J) _____	Either + or -
DAMAGED VEHICLE DIMENSION (H) _____	
COLUMN ROTATION (H-J) 99	
(ENTER 99 IF UNKNOWN) tolerance ± 1° 98 Rotated - Unknown amount	99 33 34

STEERING COLUMN

PASSENGER COMPARTMENT

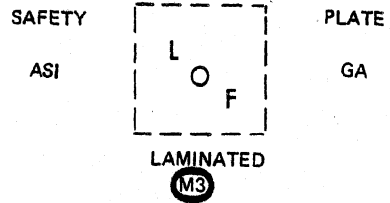
GENERAL INFORMATION

GENERAL INFORMATION	PUNCH CODE	CARD COL.
PASSENGER COMPARTMENT REDUCED IN SIZE (1,2,0)*	<u>2</u>	35
EXTERNAL OBJECT INTRUSION (1,2,0)* DESCRIBE ON FOLD-OUT FLY-LEAF	<u>2</u>	36
INTERNAL LOOSE OBJECT (1,2,0)*	<u>1</u> <i>spare tire, etc.</i>	37
VERTICAL ROTATION OF INSTRUMENT PANEL (1,2,0)*	<u>2</u>	38
FIREWALL (COWL) DEFORMATION (1,2,0)*	<u>2</u>	39
FLOORPAN DEFORMATION (1,2,0)* (INCLUDING TOEPAN)	<u>2</u>	40
WINDSHIELD		
CRACKED (1,2,3,0)*	<u>2</u>	41
BROKEN (1,2,3,0)* (Plastic Interlayer Torn)	<u>2</u>	42
OCCUPANT CONTACT (1,2,3,0)*	<u>2</u>	43
CRACKED OR BROKEN BY OCCUPANT CONTACT (1,2,3,0)*	<u>3</u>	44
BOND SEPARATED (1,2,0)* (IF "YES", ESTIMATE PERCENT _____)	<u>2</u>	45
WINDSHIELD CODE (YY) Unknown	<u>YY</u>	46-47

WINDSHIELD MARK

DRAW GLASS MANUFACTURER'S WINDSHIELD MARK WHICH IS LOCATED ALONG THE BOTTOM OF THE WINDSHIELD AT CENTER OR AT ONE CORNER.

EXAMPLE OF TYPICAL MARK:

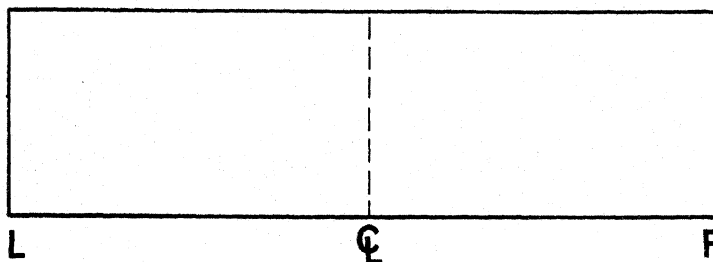


MARK ON CASE VEHICLE:

not visible

WINDSHIELD

LOCATE AREA OF WINDSHIELD INTEREST OR DAMAGE WITH DIMENSIONS (VERTICAL & HORIZONTAL) ON THIS DIAGRAM OF THE WINDSHIELD AS VIEWED FROM INSIDE.



*WHERE (1,2,3,0) IS INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT

INSTRUMENT PANEL	EQUIPPED (1,2,0)*		DAMAGED (1,2,3,0)*		OCCUPANT CONTACT (inc. probable) (1,2,3,0)*	
	PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.
UPPER PANEL ("X" IN DIAGRAMS) -----			<u>2</u>	48	<u>2</u>	49
MIDPANEL ("Y" IN DIAGRAMS) -----			<u>2</u>	50	<u>2</u>	51
LOWER PANEL ("Z" IN DIAGRAMS) -----			<u>1</u>	52	<u>1</u>	53
ASHTRAY -----			<u>2</u>	54	<u>2</u>	55
CONTROL KNOBS AND LEVERS -----			<u>2</u>	56	<u>2</u>	57
GLOVE COMPARTMENT AREA -----			<u>2</u>	58	<u>2</u>	59
INSTRUMENTS -----			<u>2</u>	60	<u>2</u>	61
PARKING BRAKE RELEASE OR BRACKET -----	<u>1</u>	62	<u>2</u>	63	<u>2</u>	64
AIR CONDITIONING OUTLETS OR UPPER VENTILATION OUTLETS -----	<u>2</u>	65	<u>3</u>	66	<u>3</u>	67
HEATER OR AIR CONDITIONING DUCTS -----	<u>1</u>	68	<u>2</u>	69	<u>2</u>	70
RADIO -----	<u>1</u>	71	<u>2</u>	72	<u>2</u>	73
OTHER: _____ (MORE THAN ONE ITEM MAY BE NOTED)			<u>3</u>	74	<u>3</u>	75

small dent to left of glove compartment

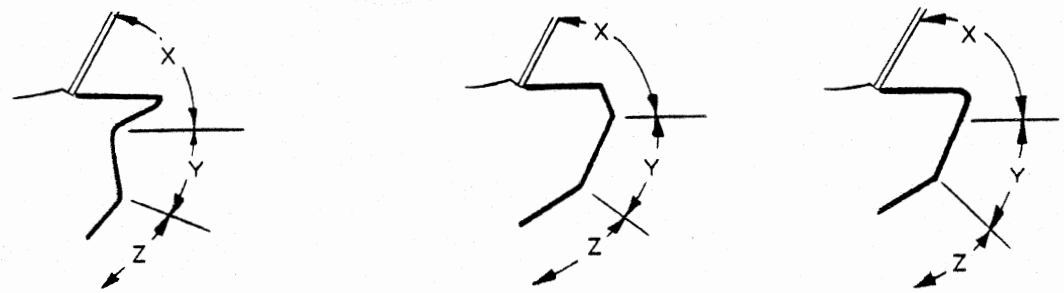
INSTRUMENT PANEL

- Passenger - Air Bag:
- (4) Deployment
 - (5) Equipped-No Deployment
 - (6) Deployment Unknown
 - (9) Both Other Damage and Air Bag Equipped Unknown

END OF CARD 07

e.g. package shelf, CB radio, tape deck

TYPICAL PANEL DIAGRAMS



*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD $\frac{0}{10}$ $\frac{0}{11}$		EQUIPPED (1,2,0)*		DAMAGED (1,2,3,0)*		OCCUPANT CONTACT (1,2,3,0)*	
OTHER INTERIOR ITEMS (FRONT OF VEHICLE)		PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.
FOOT CONTROLS	-----			<u>2</u>	12	<u>2</u>	13
IGNITION KEYS	-----			<u>2</u>	14	<u>2</u>	15
REAR VIEW MIRROR	-----			<u>2</u>	16	<u>0</u>	17
SUNVISOR AND FITTINGS	-----			<u>2</u>	18	<u>2</u>	19
WINDSHIELD TOP MOLDING	-----			<u>2</u>	20	<u>2</u>	21
LEFT A-PILLAR (UPPER OR LOWER)	-----			<u>2</u>	22	<u>2</u>	23
RIGHT A-PILLAR (UPPER OR LOWER)	-----			<u>2</u>	24	<u>2</u>	25
CONSOLE	-----	<u>2</u>	26	<u>3</u>	27	<u>3</u>	28
TRANSMISSION SELECTOR LEVER							
ON STEERING COLUMN	-----	<u>1</u>	29	<u>2</u>	30	<u>2</u>	31
ON CONSOLE OR FLOOR	-----	<u>2</u>	32	<u>3</u>	33	<u>3</u>	34

OTHER INTERIOR DAMAGE

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT (CONT'D.)

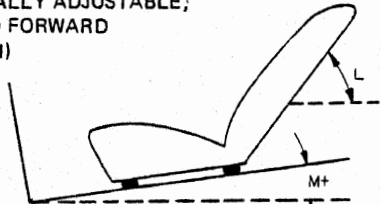
SEATS		PUNCH CODE	CARD COL.	POSITION OF SEAT PRIOR TO CRASH		PUNCH CODE	CARD COL.
TYPE OF FRONT SEAT (4) (7) (5) (8) (6) (9) (0) UNKNOWN (3) Drivers Seat Only				DRIVER'S SEAT (4) FORWARD (5) MIDDLE (6) REARWARD (0) UNKNOWN			
FOLDING BACKS (1,2,0)* DELUXE ACCESSORIES (1) Deluxe Accessories (2) None (4) Reclining Seatbacks (0) Unknown		4	35	RIGHT FRONT PASSENGER'S SEAT (3) NOT APPLICABLE (No Seat) (4) FORWARD (5) MIDDLE (6) REARWARD (0) UNKNOWN		0	44
TYPE OF SEAT ADJUSTERS (4) MANUAL Driver's Side (5) POWER (6) RIGID (7) OTHER: _____ (0) UNKNOWN		2	36	DAMAGE TO FRONT SEAT BACKREST DAMAGE (1,2,0)* CUSHION DAMAGE (1,2,0)* CONTACTED BY REAR OCCUPANT (1,2,3,0)* <small>If no rear occupant</small>		0	45
TYPE OF SEAT ADJUSTMENT (3) NONE (NOT APPLICABLE) (4) 2-WAY Driver's Side (5) 4-WAY (6) 6-WAY (7) OTHER: _____ (0) UNKNOWN (8) Swivel Seats		1	37	SEAT CENTER ARMRESTS (FRONT) EQUIPPED (1,2,0)* DAMAGED (1,2,3,0)*		2	46
DAMAGE TO ADJUSTERS (1,2,0)* Include Rigid		4	38	HEAD RESTRAINTS Driver's Side (FRONT) EQUIPPED (1,2,0)* REMOVED PRIOR TO COLLISION (1,2,3,0)* RETAINED DURING COLLISION (1,2,3,0)* DAMAGED (1,2,3,0)* OCCUPANT CONTACT (1,2,3,0)*		2	47
TYPE OF DAMAGE TO ADJUSTERS (CHOOSE TWO: rank in order of severity) (2) None (4) Chucking (some free play) (5) Deformed (e.g. Released or Jammed) (6) Separated (0) Unknown (8) Swivel Damaged		3	39	HEAD RESTRAINT Driver's Side ADJUSTMENT AT TIME OF COLLISION (3) Not Applicable, None (4) UP from seat top (5) DOWN on seat top (0) Unknown (6) Integral		3	48
LOCATION OF SEPARATION (3) NOT APPLICABLE (4) AT FLOOR (5) AT ADJUSTER (6) AT SEAT (0) UNKNOWN		4	40			3	49
		1	41			3	50
		2	42			3	51
		3	43			3	52
						3	53
						3	54
						3	55
						3	56

SEATS

PASSENGER COMPARTMENT (CONT'D.)

WINDOWS

SEATS

SEATS (CONT'D)		PUNCH CODE	CARD COL.
FRONT SEAT BACK LOCKS			
LEFT or center	EQUIPPED (1,2,3,0)*	3	57
	HELD (1,2,3,0)*		58
RIGHT	EQUIPPED (1,2,3,0)*	3	59
	HELD (1,2,3,0)*		60
FRONT SEAT BACK ANGLE			
<p>MEASURE THE FRONT SEAT BACK ANGLE AT THE LEFT AND RIGHT SEAT BACK FRAMES. (IF SEAT BACK ANGLE IS NORMALLY ADJUSTABLE; MOVE TO FORWARD POSITION)</p>  <p>MEASURE THE ANGLE THE SEAT BACK MAKES WITH HORIZONTAL (L IN DIAGRAM), AND THE ANGLE THE DOOR SILL MAKES WITH HORIZONTAL (M IN DIAGRAM) AND ENTER BELOW.</p>			
LEFT SIDE		RIGHT SIDE	
L <u>70</u> DEG. M <u>01</u> DEG.		L <u>70</u> DEG. M <u>01</u> DEG.	
SEAT BACK ROTATION		PUNCH CODE	CARD COL.
		DEGREES	
		LEFT	RIGHT
FINAL SEAT ANGLE (ENTER 99 IF UNKNOWN)			
SEAT ANGLE (L) (Relative to Ground)		---	---
VEHICLE ANGLE (M)		---	---
SEAT ANGLE (L-M=P) (Relative to Vehicle)		---	---
FROM A CORRESPONDING UNDAMAGED VEHICLE, MAKE A MEASUREMENT SIMILAR TO "P" ABOVE AND RECORD IT IN BLANK "R" BELOW.			
ORIGINAL ANGLE (R)		---	---
DAMAGED SEAT ANGLE (P)		---	---
DIFFERENCE R-P		---	---
LEFT SEAT ANGLE DIFFERENCE		99	61-62
RIGHT SEAT ANGLE DIFFERENCE		99	63-64
<p>(98) Rotated - Unknown amount</p> <p>tolerance $\pm 2^\circ$</p>			
TYPE OF REAR SEAT		PUNCH CODE	CARD COL.
(2) NO SEAT		4	65
(4) NON-FOLDING			
(5) FOLDING			
(0) UNKNOWN			

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		0	9
		10	11
DAMAGE TO REAR SEAT		PUNCH CODE	CARD COL.
BACKREST DAMAGED OR LOOSENED (1,2,3,0)*		2	12
CUSHION DAMAGED OR LOOSENED (1,2,3,0)* <i>Came loose</i>		1	13
SEAT CENTER ARMRESTS (REAR)		PUNCH CODE	CARD COL.
EQUIPPED (1,2,3,0)*		2	14
DAMAGED (1,2,3,0)*			15
REAR SEAT BACK LOCKS		PUNCH CODE	CARD COL.
LEFT OR CENTER	EQUIPPED (1,2,3,0)*	w	16
	HELD (1,2,3,0)*		17
RIGHT	EQUIPPED (1,2,3,0)*	w	18
	HELD (1,2,3,0)*		19
THIRD SEAT		PUNCH CODE	CARD COL.
EQUIPPED (1,2,0)*		2	20
BACKREST DAMAGED (1,2,3,0)*			21
CUSHION DAMAGED (1,2,3,0)*			22
BACKLIGHT (REAR WINDOW)		PUNCH CODE	CARD COL.
DAMAGED (1,2,3,0)*		2	23
OCCUPANT CONTACT (1,2,3,0)*		2	24
BACKLIGHT HEADER		PUNCH CODE	CARD COL.
DAMAGED (1,2,3,0)* convertible		2	25
OCCUPANT CONTACT (1,2,3,0)*		2	26
WINDOWS CLOSED AT TIME OF COLLISION (3=no window)		PUNCH CODE	CARD COL.
LEFT FRONT (1,2,3,0)*		0	27
LEFT REAR (1,2,3,0)*			28
RIGHT FRONT (1,2,3,0)*			29
RIGHT REAR (1,2,3,0)*		1	30
BACKLIGHT (1,2,3,0)*			31
ALL SIDE WINDOWS OPERABLE AFTER COLLISION (1,2,3,0)*		1	32
POWER SIDE WINDOWS EQUIPPED (1,2,0)*		2	33
(PUT NOTES ON FOLD-OUT FLY-LEAF)			

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT (CONT'D.)

LEFT SIDE INTERIOR		DAMAGED (1,2,3,0)*		OCCUPANT CONTACT (1,2,3,0)*	
		PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.
FRONT	DOOR -----	<u>2</u>	34	<u>2</u>	35
	HARDWARE -----	<u>2</u>	36	<u>2</u>	37
	ARMREST -----	<u>2</u>	38	<u>2</u>	39
	GLASS -----	<u>2</u>	40	<u>2</u>	41
REAR	DOOR AREA -----	<u>2</u>	42	<u>2</u>	43
	HARDWARE -----	<u>2</u>	44	<u>2</u>	45
	ARMREST -----	<u>2</u>	46	<u>2</u>	47
	GLASS -----	<u>2</u>	48	<u>2</u>	49
ROOF SIDE RAIL -----		<u>2</u>	50	<u>2</u>	51
B-PILLAR (ALSO REAR PILLAR ON PICK-UP TRUCK, CORVETTE, FIREBIRD & CAMARO) -----		<u>2</u>	52	<u>2</u>	53
C-PILLAR -----		<u>2</u>	54	<u>2</u>	55
D-PILLAR (REAR PILLAR ON STATION WAGONS & LIMOUSINES) -----		<u>3</u>	56	<u>3</u>	57
OTHER: _____		<u>3</u>	58	<u>3</u>	59
END OF CARD 09					

LEFT SIDE INTERIOR

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT (CONT'D.)

RIGHT SIDE INTERIOR

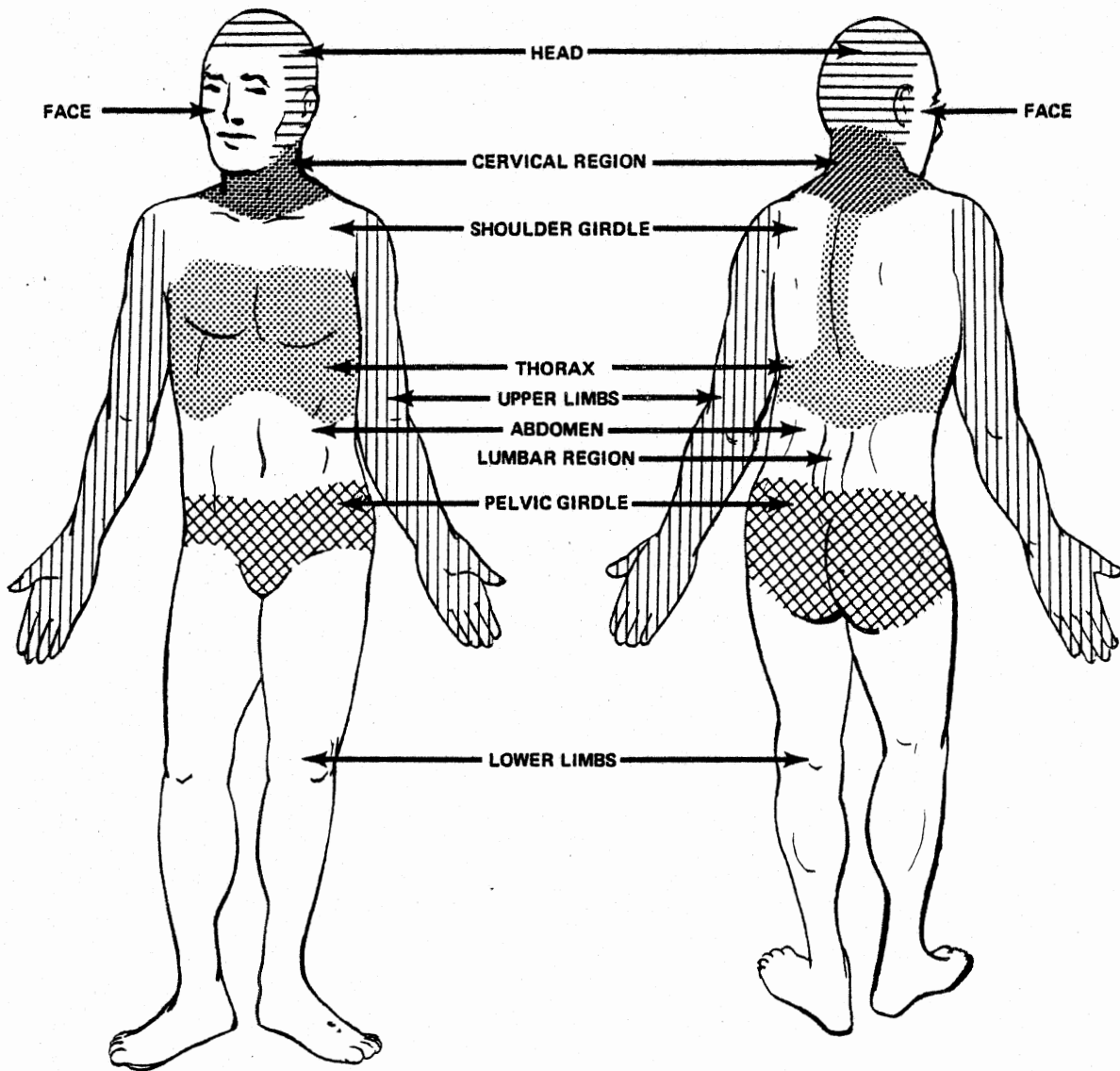
ROOF INTERIOR

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		1 0		10 11		DAMAGED (1,2,3,0)*		OCCUPANT CONTACT (1,2,3,0)*	
		PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.
RIGHT SIDE INTERIOR									
FRONT	}	DOOR -----		<u>2</u>	12	<u>2</u>	13		
		HARDWARE -----		<u>2</u>	14	<u>2</u>	15		
		ARMREST -----		<u>2</u>	16	<u>2</u>	17		
		GLASS -----		<u>2</u>	18	<u>2</u>	19		
REAR	}	DOOR AREA -----		<u>2</u>	20	<u>2</u>	21		
		HARDWARE -----		<u>2</u>	22	<u>2</u>	23		
		ARMREST -----		<u>2</u>	24	<u>2</u>	25		
		GLASS -----		<u>2</u>	26	<u>2</u>	27		
		ROOF SIDE RAIL -----		<u>2</u>	28	<u>2</u>	29		
		B-PILLAR (ALSO REAR PILLAR ON PICK-UP TRUCK, CORVETTE, FIREBIRD & CAMARO) -----		<u>2</u>	30	<u>2</u>	31		
		C-PILLAR -----		<u>2</u>	32	<u>2</u>	33		
		D-PILLAR (REAR PILLAR ON STATION WAGONS & LIMOUSINES) -----		<u>3</u>	34	<u>3</u>	35		
		OTHER: _____		<u>3</u>	36	<u>3</u>	37		
ROOF INTERIOR	}	HEADLINING -----		<u>0</u>	38	<u>0</u>	39		
		ROOF STRUCTURE -----	Code (3), if top down or removed	<u>0</u>	40	<u>0</u>	41		
END OF CARD 10									

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 2 FOR NO 3 FOR NOT APPLICABLE 0 FOR UNKNOWN

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN **ONE** OCCUPANT , USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD <u>1</u> / <u>1</u> 10 11		
OCCUPANT NUMBER	PUNCH CODE	CARD COL.
	<u>01</u>	12-13
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: _____ (0) UNKNOWN	<u>4</u>	
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN	<u>4</u>	
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN	<u>0</u>	16
AGE YEARS, OR <u>24</u> 17-18 MONTHS (INFANTS) to 24 months ____ 19-20 (ENTER "0" IF UNKNOWN)		
WEIGHT, LBS. (ENTER "0" IF UNKNOWN)	<u>145</u>	21-23
HEIGHT, INCHES (ENTER "0" IF UNKNOWN)	<u>67</u>	24-25
SEX (4) Male (5) Female (6) Large Animal (0) Unknown	<u>4</u>	26

RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
LAP BELT			
EQUIPPED FOR THIS POSITION (1,2,0)*		<u>2</u>	27
WORN BY OCCUPANT (1,2,3,0)*		<u>3</u>	28
WORN CORRECTLY (1,2,3,0)*		<u>3</u>	29
LOCKING RETRACTOR (1,2,3,0)*		<u>3</u>	30
UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped		<u>2</u>	31
(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			
Upper Torso Belt and/or Air Bag Used			
(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown		<u>3</u>	32
WORN CORRECTLY (1,2,3,0)*		<u>3</u>	33
INERTIA REEL (1,2,3,0)*		<u>3</u>	34
LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-38
TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown		<u>3</u>	37
CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
CHILD RESTRAINT CODE (99 none)		__	38-39
		__	40
		__	41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

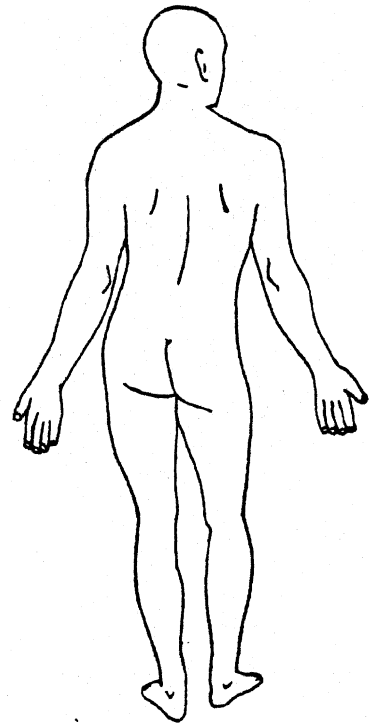
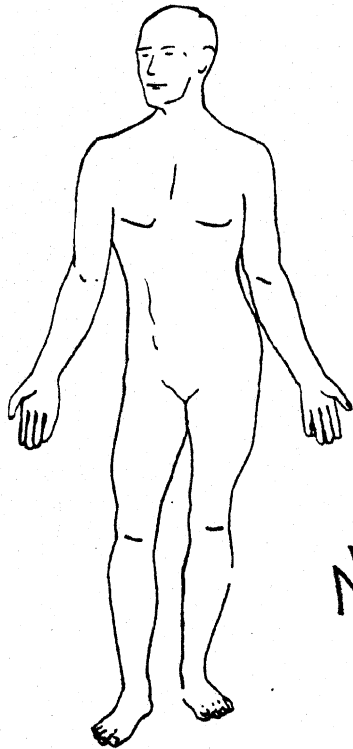
EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p>	<u>2</u>	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>3</u>	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>0</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>00</u>	45-46
	END OF CARD	

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

NOTES

OCCUPANT

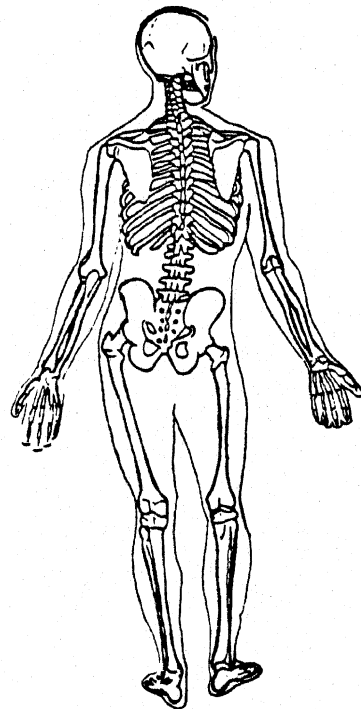
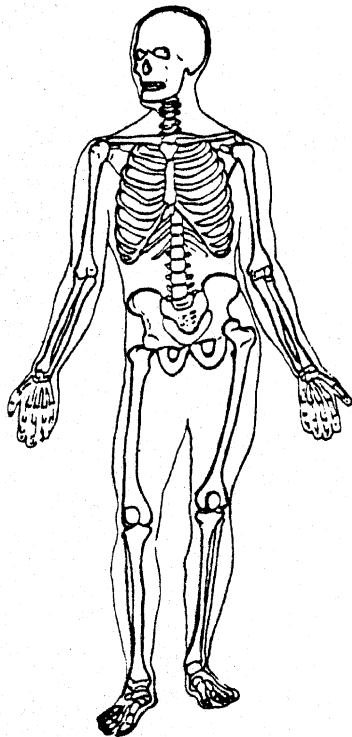
INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



NO INJURY

SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES

Source of Information _____

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

C. CARD NUMBER	O CCUPANT N O.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES										
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	HEMORRHAGE	BURN	OTHER	
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	
	12	INTERNAL ORGANS															
	13	BRAIN															
D U P L I C A T E F R O M P R E C E D I N G C A R D	14	FACE															
	15	HEAD															
	16	NECK (CERVICAL REGION)															
	17	SHOULDER GIRDLE															
	18	RIGHT UPPER LIMB															
	19	LEFT UPPER LIMB															
	20	CHEST & UPPER BACK (THORAX)															
	21	LOWER BACK (LUMBAR REGION)															
	22	ABDOMEN															
	23	PELVIC GIRDLE															
	24	RIGHT LOWER LIMB															
	25	LEFT LOWER LIMB															
	26	WHOLE BODY															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle (Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware (e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware (e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

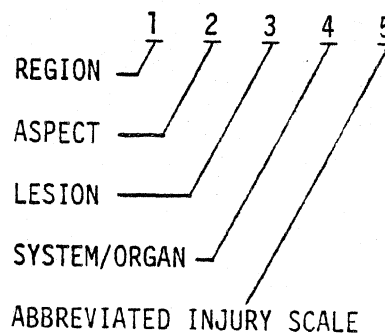
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> <u>BODY REGION</u>	<u>2</u> <u>ASPECT</u>	<u>3</u> <u>LESION</u>
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> <u>SYSTEM/ORGAN</u>	<u>5</u> <u>AIS</u>
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER 1 2 3 4 5

CARD 8 0 10

OCCUPANT NUMBER 12

Role of Individual at First Impact

- (0) Unknown
(1) Motor Vehicle Driver
(2) Motor Vehicle Passenger (not driver)

1 14

Posture

- (10) Sitting on Seat
(11) Sitting on Seat in Abnormal Position
(12) Sitting on Console
(20) On Lap or in Arms
(30) Standing on Seat
(40) Standing on Floor
(47) Standing - External to Passenger Compartment
(50) In Bassinet
(60) In Child Seat
(65) In Child Harness
(70) Lying on Seat
(80) Lying or Sitting on Passenger Floor
(83) Lying or Sitting on Other Object in Passenger Compartment
(85) On Station Wagon Cargo Floor or Fold Seat Back
(87) Lying or Sitting - External to Passenger Compartment
(98) Other:
(00) Unknown

00 15

Non-Impact Medical Conditions for Each Occupant

- (0) None
(1) Yes - Time and Type Unknown
(2) Pre-Crash Fatal (Clinical Death at Wheel)
(3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
(4) Pregnant
(5) Post-Crash Fatal (Drowning)
(6) Post-Crash Non-Fatal Injury
(8) Other:
(9) Unknown

9 17

Occupant Alcohol Involvement/Test

- (0) Unknown (999 Below)
(1) No Test, Alcohol Not Suspected (000 Below)
(2) No Test, Alcohol Indicated & No Test Requested (999 Below)
(3) No Test, Test Requested & Refused (999 Below)
(4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
(5) No Test, But Charged (DWI) Booked Drunk
(6) No Test, Fled Scene
(8) BAC Tested, Results Not Provided (999 Below)
(9) BAC Tested and Results Reported (BAC Below)

8 18

Occupant Blood Alcohol Level (MG %)

- (999) Unknown, No Results
(000) No Drinking or "-Results" Record Actual MG %

999 19

Occupant Alcohol Test

- (1) Yes, Type Unknown
(2) None
(4) Urine
(5) Spinal
(6) Breath
(7) Blood
(8) Other:
(9) Several of Above
(0) Unknown

0 22

Seat Belt Buzzer/Interlock Equipped

- (0) Unknown
(1) Equipped, Type Unknown
(2) Not Equipped
(4) Non-Cycled Buzzer
(5) Ignition Interlock
(6) 4-second buzzer (post-interlock)
(9) Other:

2 23

Seat Belt Buzzer Operational

- (0) Unknown if Operational
(1) Yes, Operational
(2) Not Operational, Reason Unknown
(3) Not Applicable, Not Equipped

3 24

System Inhibited by:

- (4) Fastening Belts Together (Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
(5) Disconnection, Removal, Intentional Destruction
(6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
(7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
(8) Letting it Buzz
(9) Other: (Defective)

Ignition Interlock Operational (1, 2, 3, 0)

3 25

Passive Restraint System Equipped

- (1) Yes, Type Unknown
(2) No
(4) Air Bag
(5) Knee and Torso Restraint (e.g., VW)
(9) Other:
(0) Unknown

2 26

Activated

- (1) Yes
(2) No
(3) Not Applicable
(0) Unknown

3 27

Restraint System Malfunction or Separation

- (1) Yes, Area Unknown
(2) No
(3) Not Applicable, No Restraints Equipped
(4) At Buckle
(5) In Webbing
(6) At Anchorage
(7) In Retractor
(8) In Passive System
(0) Unknown Whether Malfunction Occurred

3 28

Investigator Judgement of Restraint System Effectiveness

- (0) Unknown
(1) Reduced Injury Severity
(2) Could Have Reduced Severity if Worn (Correctly)
(3) No Opinion
(4) Could Not Have Reduced Severity if Worn
(5) Did Not Reduce Overall Severity
(6) Did Increase Overall Severity
(7) Would Have Increased Severity if Worn
(8) More Restraints Would Have Been Better

8 29

0
32
33
0
34

Treatment/Mortality

00

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

I-E	C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.				
			FOUR AREA(S) OF POSSIBLE CONTACT				
	10-11	12-13	14-15	16-17	18-19	20-21	
D	81						
U	82						
P	83						
L	84						
I	85						
C	86						
A	87						
T	88						
E	89						
R	90						
O	91						
M	92						
F	93						
R	94						
O	95						

PRIMARY OIC

ASSOCIATED OIC'S

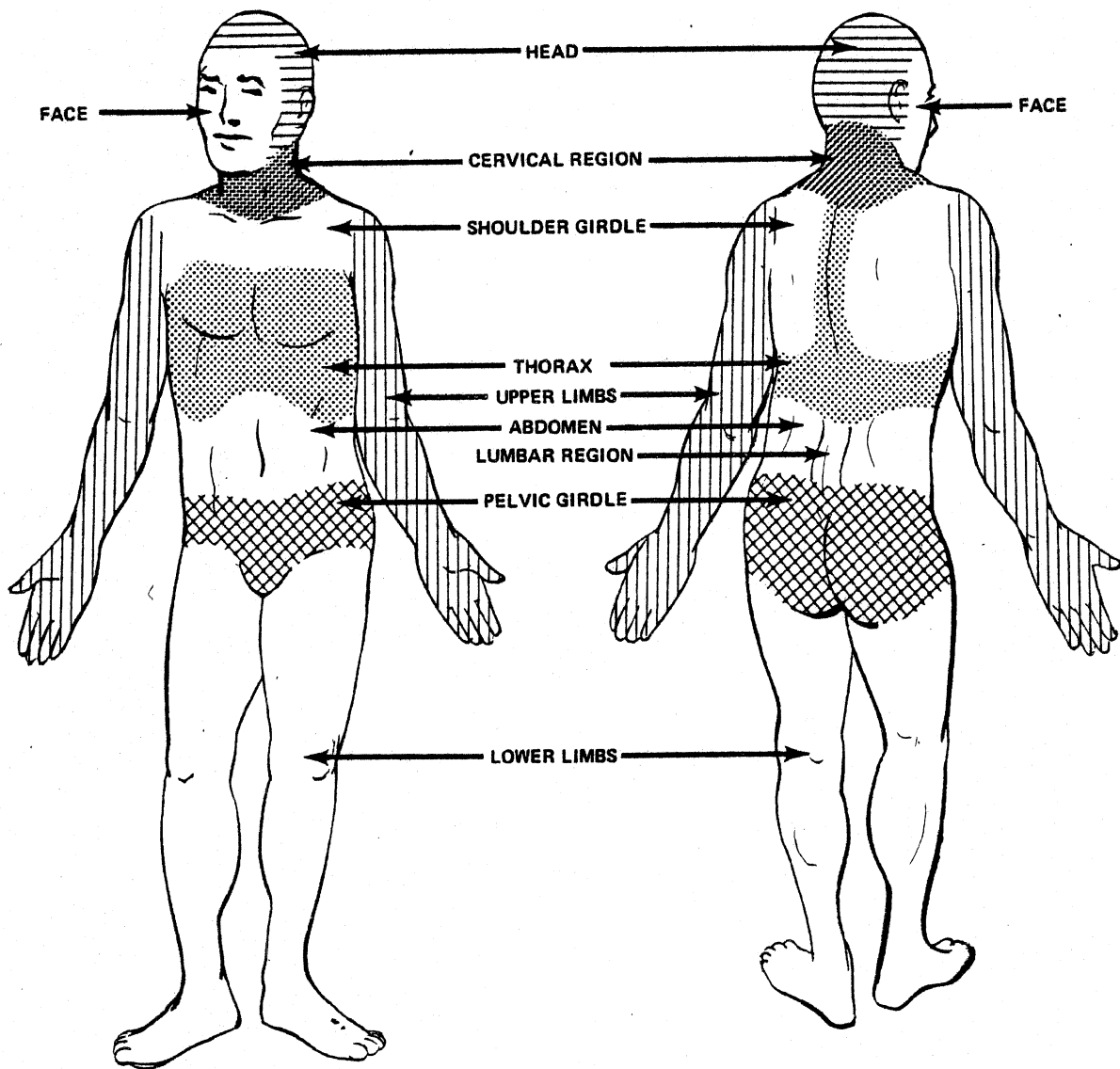
BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY
22	23	24	25	26

BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY
27	28	29	30	31

BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY
32	33	34	35	36

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD <u>1</u> <u>1</u> TO 11			RESTRAINT SYSTEM	PUNCH CODE	CARD COL.
OCCUPANT NUMBER	PUNCH CODE	CARD COL.	LAP BELT		
	<u>02</u>	12-13	EQUIPPED FOR THIS POSITION (1,2,0)*	<u>2</u>	27
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: _____ (0) UNKNOWN	<u>4</u>		WORN BY OCCUPANT (1,2,3,0)*	<u>3</u>	28
			WORN CORRECTLY (1,2,3,0)*	<u>3</u>	29
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN	<u>6</u>		LOCKING RETRACTOR (1,2,3,0)*	<u>3</u>	30
			UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped	<u>2</u>	31
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN	<u>0</u>	16	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped		
			Upper Torso Belt and/or Air Bag Used	<u>3</u>	32
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)	<u>50</u>	17-18	(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown	<u>3</u>	33
			WORN CORRECTLY (1,2,3,0)*	<u>3</u>	34
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)	<u>000</u>	21-23	LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE		
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)	<u>00</u>	24-25	TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown	<u>3</u>	37
SEX (4) Male (5) Female (6) Large Animal (0) Unknown	<u>4</u>	26	CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER		
			CHILD RESTRAINT CODE (99 none)		38-39
					40
					41

OCCUPANT

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

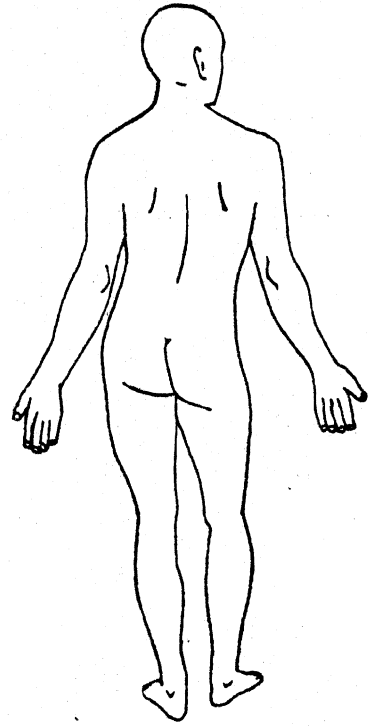
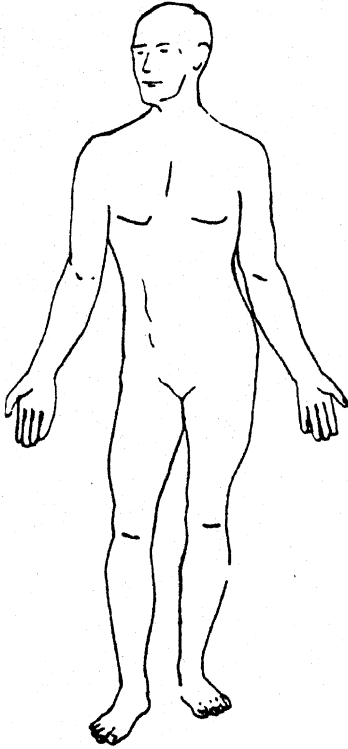
EJECTION	PUNCH CODE	CARD COL.
DEGREE OF EJECTION (2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN	<u>2</u>	42
AREA OF EJECTION (3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN	<u>3</u>	43
TREATMENT/MORTALITY (0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown	<u>1</u>	44
OVERALL SEVERITY OF INJURIES (USE 1976 AIS) (00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN	<u>98</u>	45-46
	END OF CARD	

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

NOTES

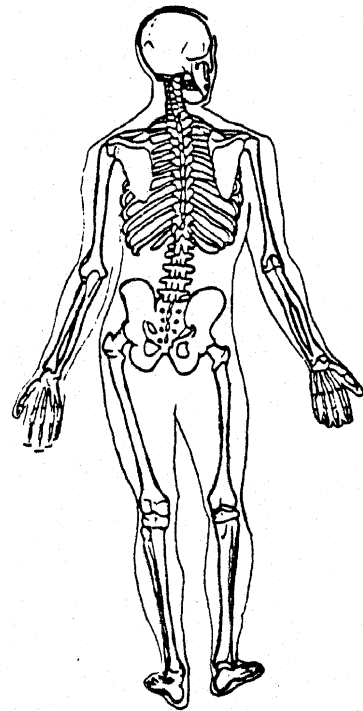
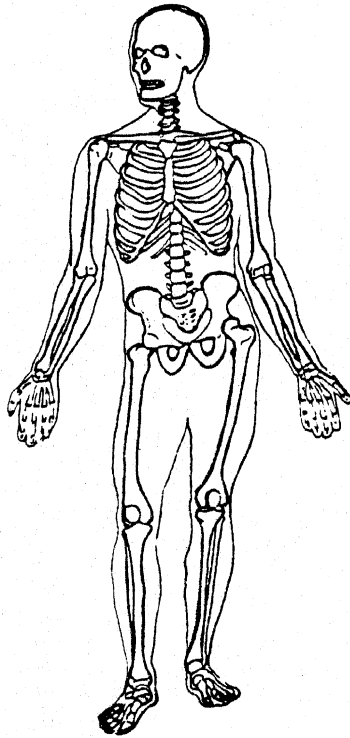
OCCUPANT

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES

Source of Information _____

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. Do not fill in the boxes where there was no contact.

C. A. R. D. N. U. M. B. E. R.	O. C. C. U. P. A. N. T. N. O.	B. O. D. Y. R. E. G. I. O. N.	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							O. V. E. R. A. L. I. N. J. U. R. Y. T. O. B. O. D. Y. R. E. G. I. O. N.	F. R. A. C. T. U. R. E.	L. A. C. E. R. A. T. I. O. N.	C. O. N. T. U. S. I. O. N.	C. O. M. P. L. A. I. N. T. O. F. P. A. I. N.	A. B. R. A. S. I. O. N.	C. O. N. C. U. S. I. O. N.	B. U. R. N.	H. E. M. O. R. R. H. A. G. E.	O. T. H. E. R.
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
D. U. P. L. I. C. A. T. E. F. R. O. M. P. R. E. C. E. D. I. N. G. C. A. R. D.	12	INTERNAL ORGANS														
	13	BRAIN														
	14	FACE														
	15	HEAD														
	16	NECK (CERVICAL REGION)														
	17	SHOULDER GIRDLE														
	18	RIGHT UPPER LIMB														
	19	LEFT UPPER LIMB														
	20	CHEST & UPPER BACK (THORAX)														
	21	LOWER BACK (LUMBAR REGION)														
	22	ABDOMEN														
23	PELVIC GIRDLE															
24	RIGHT LOWER LIMB															
25	LEFT LOWER LIMB															
26	WHOLE BODY															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

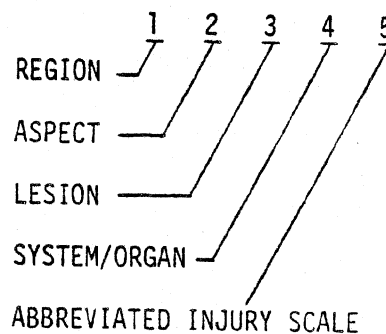
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
1 2 4 5 10 12

Role of Individual at First Impact

2
14

- (0) Unknown
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture

00
15

- (10) Sitting on Seat
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant

9
17

- (0) None
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test

8
18

- (0) Unknown (999 Below)
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

9 9 9
19

- (999) Unknown, No Results
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

0
22

- (1) Yes, Type Unknown
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped

2
21

- (0) Unknown
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational

3
24

- (0) Unknown if Operational
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0)

3
25

Passive Restraint System Equipped

2
26

- (1) Yes, Type Unknown
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated

3
27

- (1) Yes
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation

3
28

- (1) Yes, Area Unknown
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

8
29

- (0) Unknown
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

02
10

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0
12

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3
33

Overall Police Injury Severity (KABC)

(Note: Report Police Judgement)

1
34

- (0) 0,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

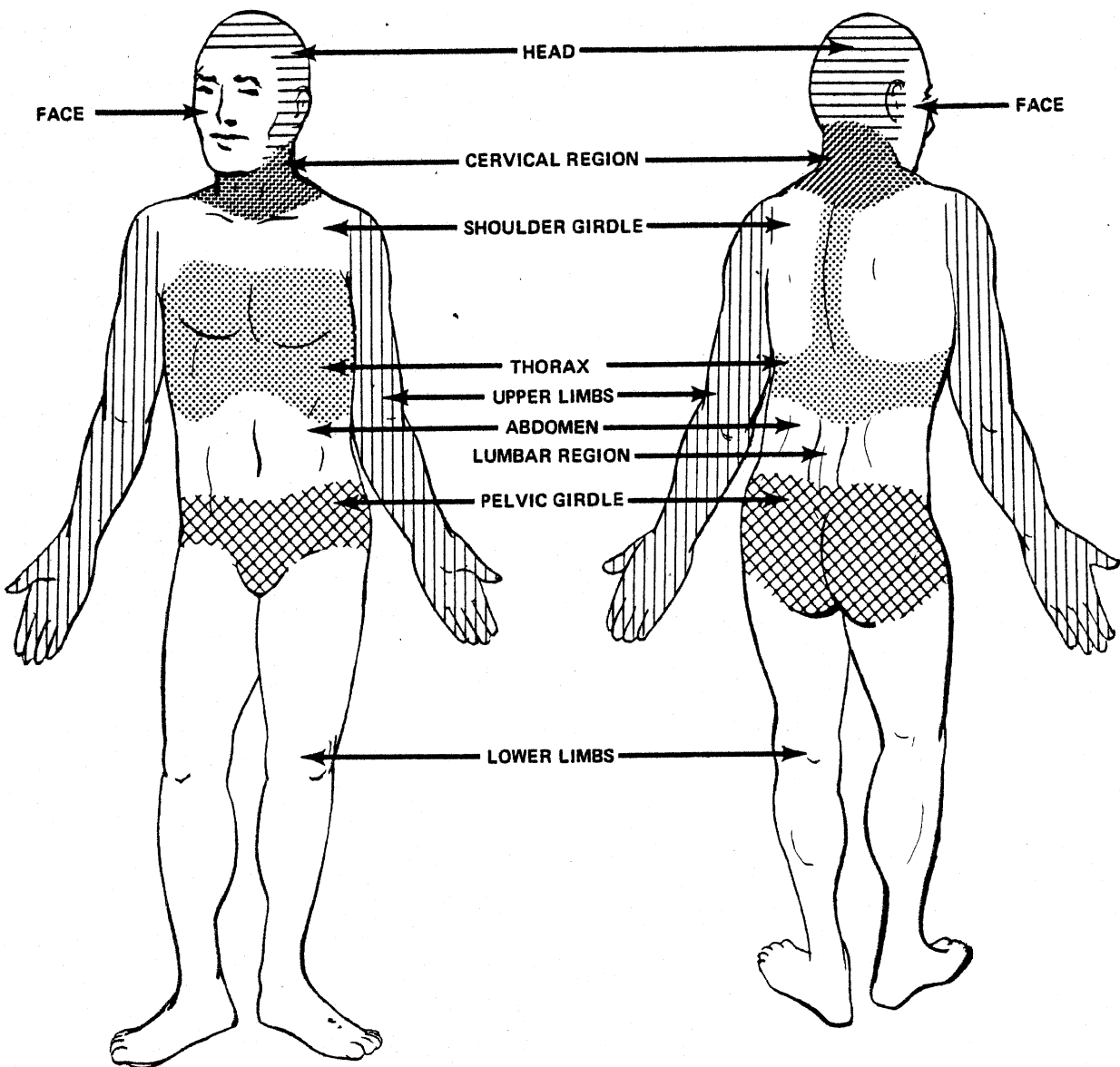
OCCUPANT INJURY CLASSIFICATION

	C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15. FOUR AREA(S) OF POSSIBLE CONTACT						PRIMARY OIC					ASSOCIATED OIC'S								
			10-11	12-13	14-15	16-17	18-19	20-21	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN
D U P L I C A T E F R O M P R E C E D I N G C A R D	81							22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
	82																					
	83																					
	84																					
	85																					
	86																					
	87																					
	88																					
	89																					
	90																					
	91																					
	92																					
	93																					
	94																					
	95																					

INJURY UNKNOWN

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN **ONE** OCCUPANT ,USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD 1 1 10 11			RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER	PUNCH CODE	CARD COL.	LAP BELT			
	<u>03</u>	12-13	EQUIPPED FOR THIS POSITION (1,2,0)*	<u>2</u>		27
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: _____ (0) UNKNOWN			WORN BY OCCUPANT (1,2,3,0)*	<u>3</u>		28
	<u>4</u>		WORN CORRECTLY (1,2,3,0)*	<u>3</u>		29
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN			LOCKING RETRACTOR (1,2,3,0)*	<u>3</u>		30
	<u>8</u>		UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped	<u>2</u>		31
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN			(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			
	<u>0</u>	16	Upper Torso Belt and/or Air Bag Used (1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown	<u>3</u>		32
AGE YEARS, OR	<u>62</u>	17-18	WORN CORRECTLY (1,2,3,0)*	<u>3</u>		33
MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)	— —	19-20	INERTIA REEL (1,2,3,0)*	<u>3</u>		34
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)	<u>000</u>	21-23	LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-36
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)	<u>00</u>	24-25	TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown	<u>3</u>		37
SEX (4) Male (5) Female (6) Large Animal (0) Unknown	<u>4</u>	26	CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER _____ _____			
			CHILD RESTRAINT CODE (99 none)	— —		38-39
						40
						41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

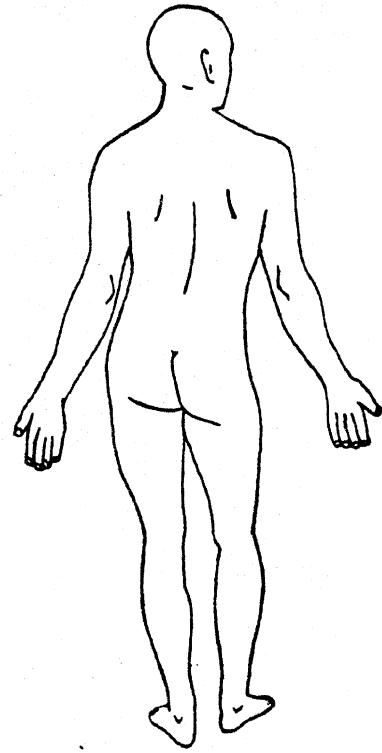
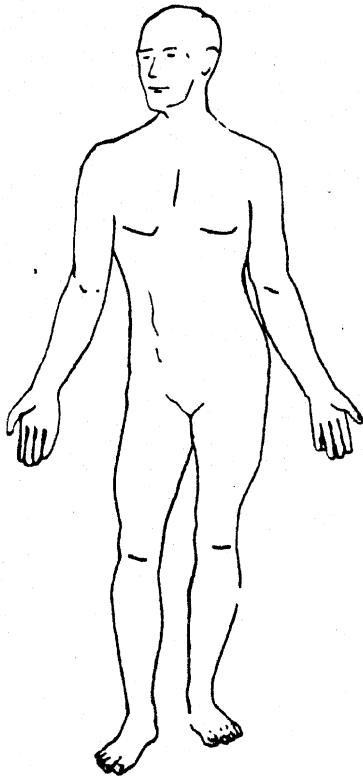
EJECTION	PUNCH CODE	CARD COL.
DEGREE OF EJECTION (2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN	<u>2</u>	42
AREA OF EJECTION (3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN	<u>3</u>	43
TREATMENT/MORTALITY (0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown	<u>1</u>	44
OVERALL SEVERITY OF INJURIES (USE 1976 AIS) (00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN	<u>98</u>	45-46
END OF CARD		

NOTES

OCCUPANT

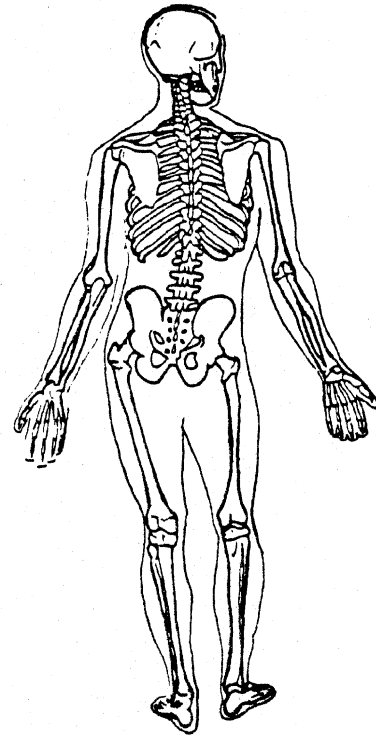
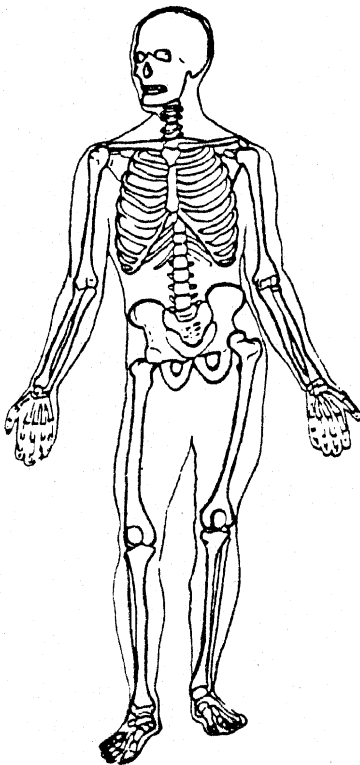
*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES

Source of Information _____

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

	C A R D N U M B E R	O C C U P A N T N O.	B O D Y R E G I O N	★ E N T E R C O D E (S) F O R A R E (S) O F P O S S I B L E C O N T A C T				E N T E R S E V E R I T Y C O D E S													
								1-9	10-11	12-13	14-15	16-17	18-19	20-21	OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION
D U P L I C A T E F R O M P R E C E D I N G C A R D		12	INTERNAL ORGANS																		
		13	BRAIN																		
		14	FACE																		
		15	HEAD																		
		16	NECK (CERVICAL REGION)																		
		17	SHOULDER GIRDLE																		
		18	RIGHT UPPER LIMB																		
		19	LEFT UPPER LIMB																		
		20	CHEST & UPPER BACK (THORAX)																		
		21	LOWER BACK (LUMBAR REGION)																		
		22	ABDOMEN																		
		23	PELVIC GIRDLE																		
		24	RIGHT LOWER LIMB																		
		26	LEFT LOWER LIMB																		
	26	WHOLE BODY																			

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

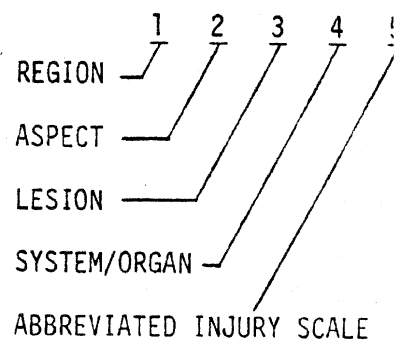
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER CARD 8 0 OCCUPANT NUMBER

Role of Individual at First Impact 2

- (0) Unknown
(1) Motor Vehicle Driver
(2) Motor Vehicle Passenger (not driver)

Posture 00

- (10) Sitting on Seat
(11) Sitting on Seat in Abnormal Position
(12) Sitting on Console
(20) On Lap or in Arms
(30) Standing on Seat
(40) Standing on Floor
(47) Standing - External to Passenger Compartment
(50) In Bassinet
(60) In Child Seat
(65) In Child Harness
(70) Lying on Seat
(80) Lying or Sitting on Passenger Floor
(83) Lying or Sitting on Other Object in Passenger Compartment
(85) On Station Wagon Cargo Floor or Fold Seat Back
(87) Lying or Sitting - External to Passenger Compartment
(98) Other:
(00) Unknown

Non-Impact Medical Conditions for Each Occupant 9

- (0) None
(1) Yes - Time and Type Unknown
(2) Pre-Crash Fatal (Clinical Death at Wheel)
(3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
(4) Pregnant
(5) Post-Crash Fatal (Drowning)
(6) Post-Crash Non-Fatal Injury
(8) Other:
(9) Unknown

Occupant Alcohol Involvement/Test 8

- (0) Unknown (999 Below)
(1) No Test, Alcohol Not Suspected (000 Below)
(2) No Test, Alcohol Indicated & No Test Requested (999 Below)
(3) No Test, Test Requested & Refused (999 Below)
(4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
(5) No Test, But Charged (DWI) Booked Drunk
(6) No Test, Fled Scene
(8) BAC Tested, Results Not Provided (999 Below)
(9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %) 999

- (999) Unknown, No Results
(000) No Drinking or "-Results"
Record Actual MG %

Occupant Alcohol Test 0

- (1) Yes, Type Unknown
(2) None
(4) Urine
(5) Spinal
(6) Breath
(7) Blood
(8) Other:
(9) Several of Above
(0) Unknown

Seat Belt Buzzer/Interlock Equipped 2

- (0) Unknown
(1) Equipped, Type Unknown
(2) Not Equipped
(4) Non-Cycled Buzzer
(5) Ignition Interlock
(6) 4-second buzzer (post-interlock)
(9) Other:

Seat Belt Buzzer Operational 3

- (0) Unknown if Operational
(1) Yes, Operational
(2) Not Operational, Reason Unknown
(3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
(5) Disconnection, Removal, Intentional Destruction
(6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
(7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
(8) Letting it Buzz
(9) Other: (Defective)

Ignition Interlock Operational (1, 2, 3, 0) 3

Passive Restraint System Equipped 2

- (1) Yes, Type Unknown
(2) No
(4) Air Bag
(5) Knee and Torso Restraint (e.g., VW)
(9) Other:
(0) Unknown

Activated 3

- (1) Yes
(2) No
(3) Not Applicable
(0) Unknown

Restraint System Malfunction or Separation 3

- (1) Yes, Area Unknown
(2) No
(3) Not Applicable, No Restraints Equipped
(4) At Buckle
(5) In Webbing
(6) At Anchorage
(7) In Retractor
(8) In Passive System
(0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness 8

- (0) Unknown
(1) Reduced Injury Severity
(2) Could Have Reduced Severity if Worn (Correctly)
(3) No Opinion
(4) Could Not Have Reduced Severity if Worn
(5) Did Not Reduce Overall Severity
(6) Did Increase Overall Severity
(7) Would Have Increased Severity if Worn
(8) More Restraints Would Have Been Better

Treatment/Mortality

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

02
00

EMS Contributory to Severity (0,1,2)

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

0
00

3
00
1
00

OCCUPANT INJURY CLASSIFICATION

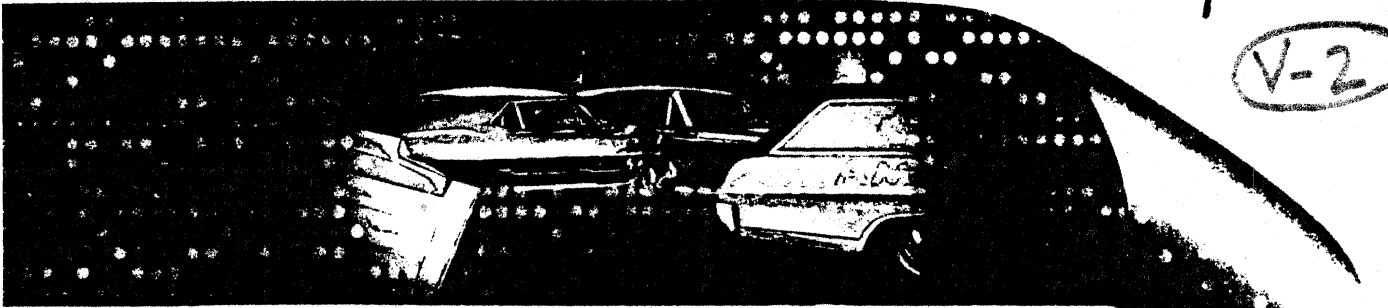
	C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15. FOUR AREA(S) OF POSSIBLE CONTACT						PRIMARY OIC					ASSOCIATED OIC'S									
			10-11	12-13	14-15	16-17	18-19	20-21	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY
	1-9								22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D U P L I C A T E	81																						
F R O M	82																						
P R E C E D I N G	83																						
C A R D	84																						
D	85																						
	86																						
	87																						
	88																						
	89																						
	90																						
	91																						
	92																						
	93																						
	94																						
	95																						

INJURY UNKNOWN

1976 DODGE

SPORTSVAN

V-2



APPENDIX F
ANNOTATED
**COLLISION
PERFORMANCE
and
INJURY REPORT**

REVISION 3

EDITION 1/76



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(THIS FORM REPLACED PG2002 IN SEPTEMBER 1969)

ANNOTATED COLLISION PERFORMANCE AND INJURY REPORT

The original version of this form (GM-PG-2070) was copyrighted by General Motors in 1969. It was developed to promote a widespread interchange of standardized, comprehensive field data among professional research people engaged in accident investigation, and was designed to be used in conjunction with digital computers. It has been used extensively for recording and automating in-depth accident data under the sponsorship of the National Highway Traffic Safety Administration, Motor Vehicle Manufacturers Association, and Canadian Ministry of Transport. The form, as presented here, has evolved through the addition of supplementary forms, new data elements, and refinements of original data elements by other users with GM knowledge. Detailed coding instructions and interpretations have been compiled, along with related reference information, by The University of Michigan, Highway Safety Research Institute. Any questions or suggestions should be directed to one of the sponsoring organizations, or to:

Highway Safety Research Institute
The University of Michigan
Ann Arbor, Michigan 48109

General Instructions

The field investigator should:

1. Follow the sponsoring organization's instructions concerning the selection of case vehicles, data forms (e.g., supplements), and data elements to be coded.
2. Fill in all data elements (punch codes) required in instruction 1 above, including all "grey" areas (e.g., State FIPS code) and all responses to multiple-response questions (e.g., Objects Contacted).
3. Include an extra set of Occupant pages (28-30D; cards 11-26, 80-95) for each occupant beyond the first.
4. Check that all coded information agrees with the case documentation (e.g., narrative, photos) and is consistent with other coded responses.
5. Refer to and use the 1976 Editing Manual* and 1976 Reference Information* (or later editions) and/or other detailed instructions provided by the team sponsor for the specific interpretation and coding protocol for each data element or question. Other reference documents include: (a) Collision Deformation Classification - SAE J224a, February 1972; (b) The Abbreviated Injury Scale (AIS), (1976 Revision, Including Dictionary), by AMA, SAE, AAAM, 1976.

*Multidisciplinary Accident Investigation Data File, Editing Manual and Reference Information, Highway Safety Research Institute, Prepared under National Highway Traffic Safety Administration Contract No. DOT-HS-5-01134. March, 1976.

- a. "Volume I - 1976 Editing Manual"
- b. "Volume II - 1976 Reference Information "

FORM VERSION NUMBER <u>3</u> <u>1</u>	TIME OF COLLISION _____ AM PM	KEYPUNCH ONLY: DATE REC'D.
REPORT NUMBER <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u>	DATE OF FIELD INVESTIGATION _____	PUNCHED
CARD NUMBER <u>01</u> <u>10 11</u>	INVESTIGATOR _____	VERIFIED
DATE OF COLLISION <u>MO. 04</u> / <u>DAY 29</u> / <u>YR. 77</u> <u>12 13 14 15 16 17</u>	CIRCLE PHOTO RECORDS MADE: SLIDES NEGATIVES POLAROIDS	
(99/99/99) Unknown	LOCATION WHERE VEHICLE WAS EVALUATED: _____	
	REPORT PREPARED BY _____	

	PUNCH CODE	CARD COL.		PUNCH CODE	CARD COL.
LOCATION STATE: (FIPS Code)		18-19	ROAD ALIGNMENT VERTICAL PLANE		
CITY, TOWNSHIP, ETC.:			(1) LEVEL (2) CREST OF HILL (3) SLOPE- 2% grade (4) BOTTOM OF HILL (0) UNKNOWN	<u>1</u>	26
AREA (1) URBAN (2) RURAL (0) UNKNOWN	<u>2</u>	20	HORIZONTAL PLANE (1) STRAIGHT (2) CURVE (0) UNKNOWN	<u>1</u>	27
LOCALITY (1) MANUFACTURING OR INDUSTRIAL (2) SHOPPING OR BUSINESS (3) APARTMENTS (4) SCHOOL OR PLAYGROUND (5) RESIDENTIAL (6) FARM (7) UNDEVELOPED (0) UNKNOWN	<u>7</u>	21	SURFACE COVERING (01) DRY WATER (02) DAMP (03) WET (04) PUDDLED (05) UNKNOWN AMOUNT SNOW (06) LOOSE (07) PACKED (08) CONDITION UNKNOWN (09) ICE (10) SLUSH (11) SPILLED GRAVEL (12) OTHER: _____ (00) UNKNOWN	<u>0L</u>	28-29
ENVIRONMENTAL CONDITIONS LIMITED ACCESS HIGHWAY (1) YES (2) NO (0) UNKNOWN	<u>2</u>	22	PRECIPITATION (1) NONE (2) RAIN (3) SNOW (4) HAIL (5) SLEET (6) OTHER: _____ (0) UNKNOWN	<u>1</u>	30
ROAD TOTAL TRAFFIC LANES (1) 1-Lane (2) 2-Lane Case Vehicle (3) 3-Lane (4) 4 or More Lanes (5) 4 or More Lanes Divided (6) Parking Lot, Driveway (7) Other, e.g. RR Tracks, Ramps (0) Unknown	<u>2</u>	23	RATE OF PRECIPITATION (3) NOT APPLICABLE (4) LIGHT, MIST (5) MODERATE (6) HEAVY (0) UNKNOWN	<u>3</u>	31
OTHER ROAD TOTAL TRAFFIC LANES (IF AT INTERSECTION) CHOOSE FROM ABOVE LIST OR (9) NOT APPLICABLE	<u>2</u>	24	SURFACE SLIPPERY (1) YES (2) NO (0) UNKNOWN	<u>2</u>	32
TYPE OF ROAD SURFACE (1) Asphalt, Bituminous Concrete (2) CONCRETE (3) GRAVEL (4) MORE THAN ONE TYPE (5) OTHER: _____ (0) UNKNOWN	<u>3</u>	25			

COLLISION DESCRIPTION

ENVIRONMENTAL CONDITIONS

POSSIBLE MECHANICAL MALFUNCTION

ENVIRONMENTAL CONDITIONS

	PUNCH CODE	CARD COL.
SPEED LIMIT (1) 5-25 MPH (2) 26-30 (3) 31-35 (4) 36-40 (5) 41-45 (6) 46-55 (7) 56-65 (8) 66-75 (9) OVER 75 MPH (0) UNKNOWN	<u>6</u>	33
ROAD DEFECTS (1) YES, TYPE UNKNOWN OR OTHER (2) NO (3) POTHOLE, RUCKLE IN ROAD, REPAIR (4) RAISED OR SUNKEN CURB (5) RAISED TO MAKE CROSSING (6) DROP FROM ROAD SURFACE (0) UNKNOWN	<u>2</u>	34
TEMPERATURE, °F (1) BELOW ZERO (2) 0-19 (3) 20-29 (4) 30-34 (5) 35-39 (6) 40-59 (7) 60-79 (8) 80-99 (9) 100 or over (0) UNKNOWN	<u>7</u>	35
CROSSWIND (1) NONE (2) LIGHT (3) STRONG (4) STRONG & GUSTY (0) UNKNOWN	<u>2</u>	36
TIME OF DAY (1) DAY (2) NIGHT (3) DUSK (4) DAWN (0) UNKNOWN	<u>1</u>	37
VISIBILITY LIMITATION (for accident) (1) None (2) Cloudy - Dark (3) Fog (4) Smoke (5) Windshield Condition (6) Glare (7) Other _____ (8) Rain (9) Snow (0) Unknown	<u>1</u>	38
VISIBILITY OBSTRUCTION (for accident) (1) None (2) Building (3) Sign (4) Bushes (5) Tree (6) Hill or Curve in Road (7) Other _____ (8) Vehicle in Transport (9) Parked Vehicle (0) Unknown	<u>4</u>	39

POSSIBLE MECHANICAL MALFUNCTION

INVESTIGATION OF THE POSSIBILITY OF MECHANICAL MALFUNCTION

THIS SECTION SHOULD BE FILLED OUT IF A MECHANICAL MALFUNCTION IS RECOGNIZED, OR SUSPECTED BY THE INVESTIGATOR OR WAS ALLEGED TO HAVE CONTRIBUTED TO THE ACCIDENT INVOLVING THIS VEHICLE SUPPORT ANY ITEMS CHECKED OR NOTATED BY COMMENTS

CHECK ITEMS INVOLVED

- | | |
|--|--|
| <input type="checkbox"/> BRAKE SYSTEM | <input type="checkbox"/> THROTTLE CONTROLS |
| <input type="checkbox"/> EXHAUST SYSTEM | <input type="checkbox"/> DRIVER CONTROLS |
| <input type="checkbox"/> STEERING SYSTEM | <input type="checkbox"/> POWER TRAIN |
| <input type="checkbox"/> SUSPENSION SYSTEM | <input type="checkbox"/> FUEL SYSTEM |
| <input type="checkbox"/> TIRES | <input type="checkbox"/> VISIBILITY ITEMS |
| <input type="checkbox"/> ELECTRICAL SYSTEM | <input type="checkbox"/> OTHER _____ |

NUMBER OF ITEMS INVOLVED

PUNCH CODE	CARD COL.
_____	40
_____	41

WAS COMMENT ABOUT MECHANICAL MALFUNCTION MADE BY ANY PERSON(S)?

- (1) YES
 (2) NO
 (0) UNKNOWN

IF "YES," GIVE COMMENT(S) AND NAME(S) AND ADDRESS(ES) OF PERSON(S)

GENERAL INFORMATION

IMPAIRMENT

COLLISION TYPE

COLLISION CONFIGURATION (of case vehicle)	PUNCH CODE	CARD COL.
VEHICLE TO OBJECT (1,2,0)*	<u>2</u>	42
ROLLOVER (1,2,0)* (90° or more)	<u>1</u>	43
RAN OFF THE ROADWAY (1,2,0)* (Before first impact)	<u>2</u>	44
VEHICLE TO VEHICLE (1) Yes, Configuration unknown (2) No (3) Head-on (F to F) (4) Intersection type L (5) Side-swipe (6) Rear-impact (F and B) (7) Other: _____ (8) Intersection type T (9) Unknown	<u>8</u>	45
VEHICLE TO STOPPED VEHICLE (1,2,0)* (Either vehicle)	<u>2</u>	46
VEHICLE TO MOVING VEHICLE (1,2,0)*	<u>1</u>	47
OTHER CONFIGURATION (1,2,0)* { (5) Non-Collision only (6) Vehicle-part to Vehicle (7) Vehicle to O.V. Trailer (8) Self-induced (9) Veh to Object to Veh	<u>2</u>	48
VEHICLES INVOLVED TOTAL NUMBER (INCLUDING CASE VEHICLE) In Accident (0) Unknown	<u>2</u>	49
OBJECTS CONTACTED (02) None (00) Unknown Object (03) Other Automobile (04) Ground (rollover only) (05) Guardrail (06) Bridge (rail) (07) Sign (08) Ditch (09) Embankment (snowbank) (10) Culvert (11) Fence (12) Pole or Tree (13) Pedestrian (14) Large Animal (15) Motorcycle (16) Large Truck--Type Unknown (see 20-25) (17) Train (18) Pedalcycle (bicycle+) (19) Building (20) Light/Pickup Truck, Small Van, Carryall (22) Tractor without trailer (23) Van delivery (walk-in/step van) (24) Straight truck, motor home (25) Tractor-trailer combination (26) Multi-purpose vehicle (jeep) (28) Bus (29) Trailer (40) Object disengaging from other vehicle (50) Hydrants, short posts, stumps (51) Mailbox (rural), small posts/trees (52) Pier, Pillar (e.g., bridge support) (53) Retaining wall, abutment, Hiway fixtures (54) Impact attenuator (55) Breakaway Fixtures (99) Other	<u>03</u> <u>04</u> <u>02</u> <u>02</u>	50-51 52-53 54-55 56-57

CASE VEHICLE DRIVER'S ABILITY TO DRIVE IMPAIRED BY (CHOOSE NO MORE THAN TWO)	PUNCH CODE	CARD COL.
(00) UNKNOWN (02) NONE (03) DRINKING INVOLVED (Broad) (04) Drunk By Local Legal Standards (05) ASLEEP (BAC given) (06) FATIGUE (07) RECKLESSNESS (08) INATTENTION (09) LACK OF TRAINING (10) EMOTIONAL STATE (11) MEDICATION (12) Drugs (narcotic) (13) ILLNESS (or otherwise) (14) INFIRMITIES (15) PHYSICALLY HANDICAPPED (16) OTHER _____	<u>02</u>	58-59 60-61
SOURCE OF INFORMATION: _____ _____		
TRAFFIC VIOLATION (EITHER DRIVER) (1) YES (2) NO (0) UNKNOWN DESCRIBE VIOLATION: _____	<u>1</u>	62
Citation need not be issued, but only indicated.		
LEGAL ACTION WAS TRAFFIC VIOLATION CITATION ISSUED TO ANYONE? (1,2,0)* IF "YES", CIRCLE VIOLATOR: DRIVER OF CASE VEHICLE <u>DRIVER OF OTHER VEHICLE</u> PEDESTRIAN OTHER: _____	<u>1</u>	63
(Accident Point of View) TYPE OF LOSS PERSONAL INJURY (1,2,0)* PROPERTY DAMAGE (1,2,0)*	<u>1</u> <u>1</u>	64 65

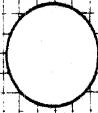
*WHERE (1,2,0) IS INDICATED, USE 1 FOR YES
2 FOR NO
0 FOR UNKNOWN

COLLISION SKETCH

Based on Information From _____

1. Draw heavy lines to show highway detail at the location of collision.
2. Give name of streets and highways and US, State and Interstate Route numbers, if any.
3. Identify all objects in sketch. Case vehicle should always be labeled "A". Time sequence numbers may be added (e.g., A1, A2).
4. Include dimensions when possible.

INDICATE NORTH BY ARROW



COLLISION SKETCH

DESCRIBE COLLISION EVENTS _____

INFORMATION SOURCES: _____

REPORTED BY: _____

(Attach Police Report)

COMMENTS (Include 3rd vehicle speed estimate) _____

35-50 - OCCUPANTS V2

35-40 - POLICE

SPEEDS

CASE VEHICLE	PUNCH CODE	CARD COL.
ESTIMATED SPEED* (MPH)		
PRIOR TO IMPACT	<i>035</i>	66-68
ESTIMATED BY: _____		
At FIRST Impact	-----	69-71
ESTIMATED BY: _____		

OTHER VEHICLE	PUNCH CODE	CARD COL.
ESTIMATED SPEED* (MPH)		
PRIOR TO IMPACT	-----	72-74
ESTIMATED BY: _____		
At FIRST Impact	-----	75-77
ESTIMATED BY: _____		

*IF SPEEDS ARE UNKNOWN, ENTER 999: (888) for Other Vehicle "not applicable"

END OF CARD 01

OTHER VEHICLE

NOTE: A complete analysis of this accident requires that a minimum amount of information be obtained on the other vehicle(s) involved. Therefore, the information on this page should be completed even though a separate long form may be filled out on these other vehicles.

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD $\frac{0}{10} \frac{2}{11}$

OTHER VEHICLE DESCRIPTION
 VEHICLE IDENTIFICATION NUMBER

12	13	14	15	16	17	18	19	20	21	22	23	24
----	----	----	----	----	----	----	----	----	----	----	----	----

MAKE _____

MODEL _____

CODE TO BE INSERTED

25	26	27	28	29
		<i>See</i>		

MODEL YEAR _____

Shipping Weight (pounds)

32	33	34	35
----	----	----	----

ODOMETER READING
 (IF OVER 100,000:
 USE 99 999)

36	37	38	39	40
----	----	----	----	----

BODY STYLE	PUNCH CODE	CARD COL.
	(Code Sun Roof as 1 to 5, not 6)	
(1) 2-Door Hardtop (no upper B pillar)		
(2) 2-Door Sedan or Coupe (any upper B)		
(3) 4-Door Hardtop		
(4) 4-Door Sedan		
(5) Station Wagon or Pickup Car		
(6) Convertible - soft or hard shell		
(7) Van (not walk-in)		
(8) Truck (inc. pickups+carryalls)		
(9) Other (e.g. bus, jeep, train)		
(0) Unknown	—	41
NUMBER OF CYLINDERS OR ROTORS (Enter "0" if Unknown)	—	42
HIGH PERFORMANCE/AIR BAG EQUIPPED (0) No A/B; Unk if High Perf. (1) No A/B; High Performance (2) No A/B; Not High Perf. Air Bag Equipped (any engine) and: (4) Any Deployments (5) No Deployments (6) Deployment Unknown (9) Both High Performance and A/B Equipped Unknown	—	43
NUMBER OF OCCUPANTS	—	44-45
VEHICLE LOADING (4) BELOW FULL RATED LOAD (5) NEAR FULL RATED LOAD (6) ABOVE FULL RATED LOAD (0) UNKNOWN	—	46

DAMAGE INDEX (OTHER VEHICLE)

47 48 49 50 51 52 53

VEHICLE DAMAGE
 (This space may be used to enter details and notes about the other vehicle. See page 9 for instructions.)

COMMENTS: _____

IF SEPARATE REPORT WAS MADE, GIVE REPORT NUMBER _____

OTHER VEHICLE

*WHERE (1,2,0) IS INDICATED, USE 1 FOR YES
 2 FOR NO
 0 FOR UNKNOWN

CASE VEHICLE

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD 0 3 10 11	
CASE VEHICLE DESCRIPTION VEHICLE IDENTIFICATION NUMBER <u>B 3 6 B E 6 X 0 0 3 6 6 6</u> <small>12 13 14 15 16 17 18 19 20 21 22 23 24</small>	
MAKE <u>DODGE</u>	
MODEL <u>SPORTSMAN</u> CODE TO BE INSERTED	
<small>25 26 27 28 29</small>	
MODEL YEAR 19 <u>76</u> 30 31	
Shipping Weight (pounds) 32 33 34 35	
ODOMETER READING <u>40995</u> (IF OVER 100,000: USE 99 999) 36 37 38 39 40	
BODY STYLE (Code Sun Roof as 1 to 5, not 6) (1) 2-Door Hardtop (no upper B pillar) (2) 2-Door Sedan or Coupe (any upper B) (3) 4-Door Hardtop (4) 4-Door Sedan (5) Station Wagon or Pickup Car (6) Convertible - soft or hard shell (7) Van (not walk-in) (8) Truck (incl. pickups+carryalls) (9) Other (e.g. bus, jeep, train) (0) Unknown	PUNCH CODE CARD COL. <u>9</u> 41
BODY STRUCTURE (1) Body and Frame (2) Unitized (3) Integral-Stub Frame (4) Body and Platform-Frame (e.g., VW bug) (9) Other: (0) Unknown	<u>1</u> 42
NUMBER OF CYLINDERS OR ROTORS (Enter "0" if Unknown)	<u>8</u> 43
HIGH PERFORMANCE/AIR BAG EQUIPPED (0) No A/B; Unk if High Perf. (1) No A/B; High Performance (2) No A/B; Not High Perf. Air Bag Equipped (any engine) and: (4) Any Deployments (5) No Deployments (6) Deployment Unknown (9) Both High Performance and A/B Equipped Unknown	<u>0</u> 44
NUMBER OF OCCUPANTS (Enter 99 if unknown)	<u>19</u> 45-46

VEHICLE LOADING (4) BELOW FULL RATED LOAD (5) NEAR FULL RATED LOAD (6) ABOVE FULL RATED LOAD (0) UNKNOWN	PUNCH CODE <u>4</u>	CARD COL. 47
EQUIPMENT OPTIONS TRANSMISSION (4) AUTOMATIC + Semi Automatic (5) MANUAL (0) UNKNOWN	<u>4</u>	48
STEERING (4) POWER (5) MANUAL (0) UNKNOWN	<u>5</u>	49
BRAKES (4) POWER (5) MANUAL (0) UNKNOWN	<u>5</u>	50
BRAKES - TYPE (4) DRUM - ALL WHEELS (5) DISC - FRONT WHEELS (6) DISC - ALL WHEELS (0) UNKNOWN	<u>0</u>	51
BRAKE ANTI-LOCK DEVICE (2) NONE INSTALLED (4) TWO-WHEEL (5) FOUR-WHEEL (0) UNKNOWN	<u>2</u>	52
Top Position at Time of Collision (3) Solid Top - Not Applicable (4) Convertible Soft Top Up or Closed (8) Retracted Soft Top or Hard Shell Removed (6) Removable Hard Shell Installed (7) Sun Roof - Closed (8) Sun Roof - Open (0) Unknown	<u>3</u>	53
CASE VEHICLE REPAIR OR REPLACEMENT COST Unknown (9999) \$ <u>54</u> <u>55</u> <u>56</u> <u>57</u>		
CASE VEHICLE DAMAGE INDEX PRIMARY DAMAGE 58 59 60 61 62 63 64 <u>0</u> <u>0</u> - - - - -		
SECONDARY DAMAGE 65 66 67 68 69 70 71 - - - - -		
Unknown or None (99-0000-0)		END OF CARD 03

CASE VEHICLE

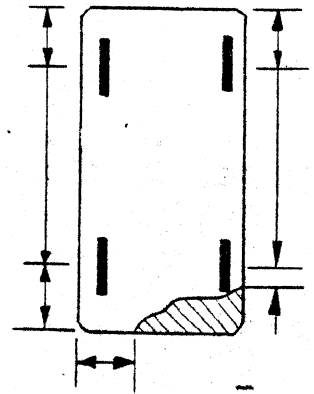
*WHERE (1,2,0) IS INDICATED, USE 1 FOR YES
 2 FOR NO
 0 FOR UNKNOWN

EXTERIOR DAMAGE

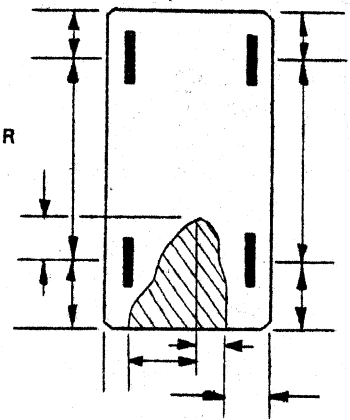
DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD 0 4 10 11		
	PUNCH CODE	CARD COL.
SHEET METAL DAMAGE (Direct)		
FRONT (1,2,0)*	<u>2</u>	12
REAR (1,2,0)*	<u>2</u>	13
LEFT SIDE (1,2,0)*	<u>1</u>	14
RIGHT SIDE (1,2,0)*	<u>1</u>	15
ROOF (1,2,0)*	<u>1</u>	16
OTHER (1,2,0)*: _____	—	17
REMARKS: _____ _____ _____		
SHEET METAL CRUSH (Direct)		
INSERT MAXIMUM CRUSH DIMENSION TO THE NEAREST INCH. DIMENSIONS MUST AGREE WITH DIAGRAMS ON FACING PAGE. (INSERT "99", IF UNKNOWN. INSERT "98", IF 98 INCHES OR OVER)		
FRONT (INCHES)	<u>00</u>	18-19
REAR	<u>00</u>	20-21
LEFT SIDE	<u>00</u>	22-23
RIGHT SIDE	<u>05</u>	24-25
ROOF	<u>00</u>	26-27
OTHER: .	<u>00</u>	28-29

EXAMPLES.

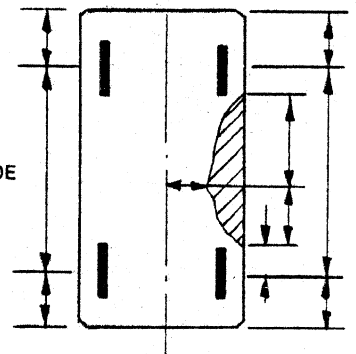
FRONT OR REAR



FRONT OR REAR

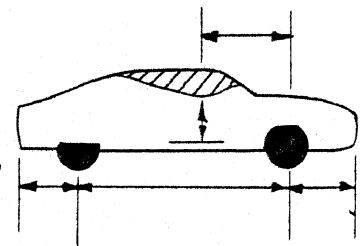


SIDE



ROOF

(REFERENCE TO TOP OF DOOR SILL OR WINDOW SILL)



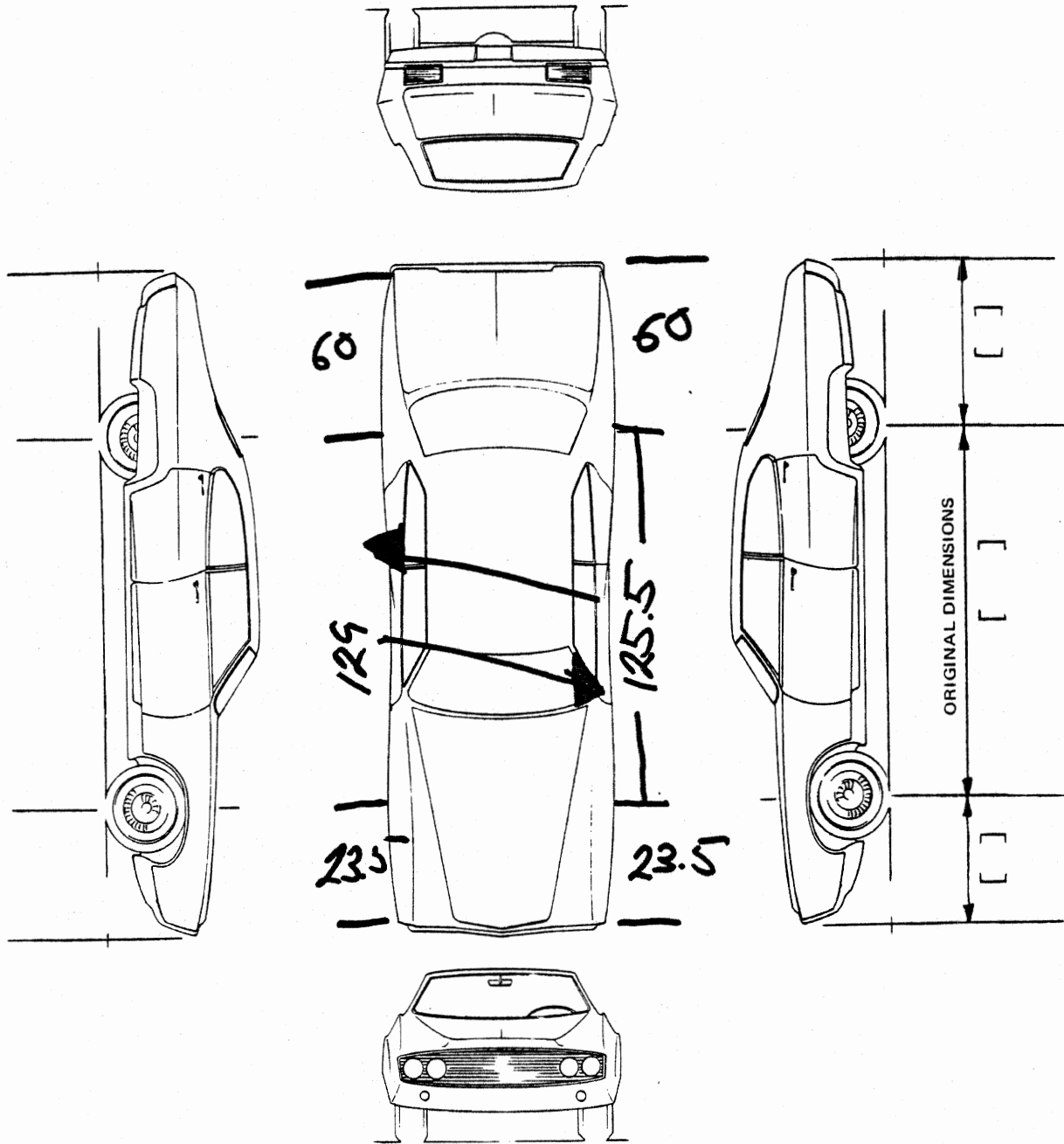
SHEET METAL

*WHERE (1,2,0) IS INDICATED, USE 1 FOR YES
2 FOR NO
0 FOR UNKNOWN

EXTERIOR DAMAGE

FIELD INVESTIGATOR INSTRUCTIONS:

1. Indicate crushed areas by outlining new perimeter of vehicle and shading the damaged areas on the large sketch below. Use as many sketches as necessary to completely describe the damage.
2. Enter the dimensions on the sketch(es) measured to the point of maximum penetration by the object(s) contacted. Use the examples on the facing page as a guide.
3. Enter the three dimensions to the center of the wheels (wheelbase, front and rear overhangs) on both sides of the car.
4. Add other dimensions as necessary to completely describe the damage.



WHEELS AND TIRES

WHEELS & TIRES

WHEELS	PUNCH CODE	CARD COL
ORIGINAL EQUIPMENT TYPE		
FRONT (1,2,0)*	<u>1</u>	30
REAR (1,2,0)*	<u>1</u>	31
DAMAGED (1,2,0)*	<u>1</u>	32
DESCRIBE DAMAGE AND NON O.E. WHEELS <u>R.R., R.F., L.R</u> <u>SLIGHT DEFORMATION</u>		
TIRES		
TREAD TYPE		
(4) REGULAR	<u>4</u>	33
(5) NON-STUDED SNOW		
(6) STUDED SNOW		
(7) 'SLICK'	<u>5</u>	34
(8) LEFT AND RIGHT SIDES DIFFERENT		
(9) OTHER		
(0) UNKNOWN		
TREAD WEAR		
(4) LIGHT	<u>6</u>	35
(5) MEDIUM		
(6) HEAVY		
(7) BALD	<u>7</u>	37
(8) LEFT AND RIGHT SIDES DIFFERENT		
(9) OTHER		
(0) UNKNOWN		
PROFILE		
(4) REGULAR 80,78	<u>7</u>	37
(5) WIDE OVAL 70,60,50		
(6) LEFT AND RIGHT SIDES DIFFERENT		
(7) OTHER:	<u>7</u>	38
(0) UNKNOWN		
CARCASS TYPE		
(4) BIAS PLY	<u>4</u>	39
(5) BELTED-BIAS PLY		
(6) RADIAL PLY		
(7) LEFT AND RIGHT SIDES DIFFERENT	<u>4</u>	40
(8) OTHER:		
(0) UNKNOWN		

TIRES (CONT'D.)	
FRONT	SIZE <u>5</u> LEFT <u>8.00X16LT</u> RIGHT <u>11</u>
REAR	LEFT _____ RIGHT _____
MANUFACTURER	
FRONT	LEFT <u>GOODYEAR</u> RIGHT <u>11</u>
REAR	LEFT <u>KELLY-SPRINGFIELD</u> RIGHT <u>SONT</u>
MODEL	
FRONT	LEFT <u>WIDE TREAD</u> RIGHT <u>11</u>
REAR	LEFT <u>EXPLORER TRAC 924</u> RIGHT <u>SONT</u> <u>DUNK DUTY</u>
CODE	
FRONT	LEFT _____ RIGHT _____
REAR	LEFT _____ RIGHT _____
LOAD RANGE	
FRONT	LEFT _____ RIGHT _____
REAR	LEFT <u>D</u> RIGHT <u>D</u>

*WHERE (1,2,0) IS INDICATED USE 1 FOR YES
2 FOR NO
0 FOR UNKNOWN

FRONT EXTERIOR

HOOD PERFORMANCE (FRONT OF VEHICLE)	PUNCH CODE	CARD COL.
HOOD LATCH(ES)		
RELEASED (1,2,3,0)*	<u>1</u>	41
DAMAGED (1,2,3,0)*	<u>1</u>	42
JAMMED (1,2,3,0)*	<u>2</u>	43
HOOD HINGES		
LEFT { DAMAGED (1,2,3,0)	<u>2</u>	44
SEPARATED (1,2,3,4,5,0)**	<u>2</u>	45
RIGHT { DAMAGED (1,2,3,0)	<u>2</u>	46
SEPARATED (1,2,3,4,5,0)**	<u>2</u>	47
HOOD REMAINED ON VEHICLE (1,2,3,0)	<u>1</u>	48
REAR EDGE OF HOOD		
ELEVATED (1,2,3,0) <i>SIGHTLY</i>	<u>1</u>	49
CONTACTED WINDSHIELD (1,2,3,0)	<u>2</u>	50
PENETRATED WINDSHIELD (1,2,3,0)*	<u>3</u>	51
OPTIONAL HOOD INSTALLED (1,2,3,0)	<u>2</u>	52
ENGINE OR TRANSMISSION MOUNT SEPARATION (1,2,3,4,5,0)	<u>2</u>	53
STEERING COLUMN FLEXIBLE COUPLING		
EQUIPPED (2) No →	<u>2</u>	54
Yes (1) Type Unknown	<u>3</u>	55
(6) Rag	<u>3</u>	56
(7) Pot		
(8) Universal		
(9) Other		
(0) Unknown		
SEPARATED (1,2,3,4,5,0)**		
OTHER DAMAGE (1,2,3,0)*		
DESCRIBE: _____		

*USE: 1=YES 3=NOT APPLICABLE
2=NO 0=UNKNOWN

**USE: 1=YES, TYPE UNKNOWN
2=NO
3=NOT APPLICABLE

ENGINE COMPARTMENT TELESCOPING UNIT

(SEE DRAWING ON PAGE 18 FOR LOCATION)

FRONT OF VEHICLES

LOWER TELESCOPING SHAFT

TYPE OF UNIT

- (5) None Installed
- (1-6) See Sketch Above
- (8) Double U-Joint or Flexible Cable Joint
- (9) Others _____
- (0) Unknown _____

	PUNCH
ORIGINAL LENGTH, (F) _____	
TELESCOPED LENGTH, (G) _____	
DIFFERENCE (F-G) (tolerance ± 0.6 in.)	
(777) Device Extended (888) Not Equipped, (999) Unknown (998) Compressed, Unknown Amount	<u>5</u> 57
	<u>888</u> 58 59 60

4-PARTIAL SEPARATION
5-COMPLETE SEPARATION
0-UNKNOWN

END OF CARD 04

HOOD

LEFT EXTERIOR

REAR EXTERIOR

SIDE STRUCTURE - LEFT SIDE		PUNCH CODE	CARD COL.
LEFT BODY MOUNT SEPARATION (1,2,3,0)* <i>Unitised</i>		—	34
If door hinges and latches were not damaged and doors did not jam or open during collision, and continuity of the side structure was maintained, place a "1" in code column. Code remainder of column		—	35
DOOR LATCHES			
LEFT FRONT	DAMAGED (1,2,3,0)*	<u>1</u>	36
	RELEASED (1,2,3,0)*	<u>1</u>	37
LEFT REAR	DAMAGED (1,2,3,0)*	<u>3</u>	38
	RELEASED (1,2,3,0)*	<u>3</u>	39
DOOR HINGES			
LEFT FRONT	DAMAGED (1,2,3,0)*	<u>2</u>	40
	SEPARATED (1, 2, 3, 4, 5, 0)**	<u>2</u>	41
LEFT REAR	DAMAGED (1,2,3,0)*	<u>3</u>	42
	SEPARATED (1, 2, 3, 4, 5, 0)**	<u>3</u>	43
CONTINUITY OF SIDE STRUCTURE MAINTAINED (1,2,3,0)* i.e., <u>Is Side Boundary Broken</u> Not restricted to vehicles with reinforced side structure.		<u>1</u>	44
DOORS OPENED DURING COLLISION			
LEFT	FRONT (1,2,0)*	<u>0</u>	45
	REAR (1,2,3,0)*	<u>3</u>	46
DOORS JAMMED CLOSED			
LEFT	FRONT (1,2,0)*	<u>2</u>	47
	REAR (1,2,3,0)*	<u>3</u>	48

FUEL TANK AND LINES		PUNCH CODE	CARD COL.
APPROXIMATE FUEL LEVEL AT TIME OF IMPACT			
(4) LESS THAN 1/2 (5) 1/2 OR MORE (0) UNKNOWN		<u>0</u>	49
TANK RETENTION			
(4) COMPLETE RETENTION (5) PARTIAL DISENGAGEMENT (6) COMPLETE DISENGAGEMENT (0) UNKNOWN		<u>4</u>	50
TANK DEFORMED (1,2,0)* includes neck		<u>2</u>	51
FUEL LEAKAGE PRESENT (1,2,0)*		<u>2</u>	52
LOCATION OF LEAKS			
FROM THE TANK (1,2,3,0)*		<u>3</u>	53
FROM THE NECK (1,2,3,0)*		<u>3</u>	54
FROM THE LINES (1,2,3,0)*		<u>3</u>	55
TRAILER AND HITCH			
(1) Yes, Type Unknown (2) No hitch (3) Ball and Socket, Temporary Bumper (e.g., rental clamp-on) (4) Ball and Socket, Bumper only (e.g., light truck) (5) Ball and Socket - Frame Hitch (e.g., frame and bumper) (6) Equalizing, load distributing (7) Ring and Pintle (e.g., double tractor) (8) Fifth Wheel (e.g., semi) (9) Other (e.g., clevis and pin) (0) Unknown		<u>2</u>	56
TRAILER BEING TOWED (AT TIME OF COLLISION)			
(1) Yes, Type Unknown (2) No (hitch, no trailer) (3) Not Applicable (no hitch) (4) Travel Trailer/Camper (5) Mobile Home (6) Boat/Snowmobile/ATV Trailer (7) Rental/Cargo Trailer (8) Car (9) Other: _____ (0) Unknown		<u>3</u>	57

TRAILER

FUEL TANK

LEFT SIDE STRUCTURE

*USE: 1=YES 2=NO 3=NOT APPLICABLE 0=UNKNOWN **USE: 1=YES, TYPE UNKNOWN 2=NO 3=NOT APPLICABLE

4=PARTIAL SEPARATION 5=COMPLETE SEPARATION 0=UNKNOWN

REAR EXTERIOR

TRUNK

TAILGATE

LUGGAGE AREA

		PUNCH CODE	CARD COL.	DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD			
TAILGATE (HATCHBACK) PERFORMANCE <i>Includes back doors of Vans</i>				0	6		
				10	11		
LATCHES				TRUNK LID PERFORMANCE (REAR OF VEHICLE)			
RELEASED (1,2,3,0)*	3	58	LATCHES				
DAMAGED (1,2,3,0)*	3	59	RELEASED (1,2,3,0)*	3	12		
LATCH OR TAILGATE JAMMED (1,2,3,0)*	3	60	DAMAGED (1,2,3,0)*	3	13		
HINGES OR TRACKS (CLAM SHELL)				LATCH OR LID JAMMED (1,2,3,0)*	3	14	
BOTTOM LEFT	DAMAGED (1,2,3,0)*	3	61	HINGES			
	SEPARATED (1,2,3,4,5,0)**	3	62	LEFT	DAMAGED (1,2,3,0)*	3	15
BOTTOM RIGHT	DAMAGED (1,2,3,0)*	3	63		SEPARATED (1,2,3,4,5,0)**	3	16
	SEPARATED (1,2,3,4,5,0)**	3	64	RIGHT	DAMAGED (1,2,3,0)*	3	17
TOP LEFT	DAMAGED (1,2,3,0)*	3	65		SEPARATED (1,2,3,4,5,0)**	3	18
	SEPARATED (1,2,3,4,5,0)**	3	66	TRUNK or PARTITIONED LUGGAGE AREA			
TOP RIGHT	DAMAGED (1,2,3,0)*	3	67	DAMAGED (1,2,3,0)	3	19	
	SEPARATED (1,2,3,4,5,0)**	3	68	UNDER BACK SEAT	4	20	
EQUIPPED WITH TWO-WAY TAILGATE (1,2,3,0)*	3	69	SPARE TIRE SEPARATION (1,2,3,4,0)	(4) for spare tire not initially attached			
(6) Disappearing Tailgate	3	70	TRUNK - PASSENGER COMPARTMENT PARTITION DAMAGE (1,2,3,0)*	3	21		
TAILGATE ELECTRIC WINDOW OPERABLE (1,2,3,0)*	3	70	BACKLIGHT HEADER (REAR WINDOW TOP FRAME)				
END OF CARD 05			BACKLIGHT HEADER DAMAGED OR BUCKLED (1,2,3,0)*	1	22		
			RIGHT PILLARS				

*USE: 1-YES 3-NOT APPLICABLE 2-NO 0-UNKNOWN **USE: 1-YES, TYPE UNKNOWN 2-NO 3-NOT APPLICABLE 4-PARTIAL SEPARATION 5-COMplete SEPARATION 0-UNKNOWN

RIGHT EXTERIOR

RIGHT PILLARS		PUNCH CODE	CARD COL.	SIDE STRUCTURE - RIGHT SIDE		PUNCH CODE	CARD COL.
If right pillars were not damaged or separated or right roof side rail was not damaged or buckled, place a "1" in code column. Code remainder of column			23	RIGHT BODY MOUNT SEPARATION (1,2,3,0)* <i>-Unfixed</i>		<u>2</u>	43
A-PILLARS				If door hinges and latches were not damaged and doors did not jam or open during collision, and continuity of the side structure was maintained, place a "1" in code column. Code remainder of column			44
UPPER	{ DAMAGED (1,2,0)* SEPARATED (1,2,3,4,5,0)**	<u>1</u>	24	DOOR LATCHES		<u>2</u>	
		<u>1</u>	25	RIGHT FRONT { DAMAGED (1,2,3,0)* RELEASED (1,2,3,0)*	<u>2</u>	45	
LOWER	{ DAMAGED (1,2,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	26		RIGHT REAR { DAMAGED (1,2,3,0)* RELEASED (1,2,3,0)*	<u>1</u>	47
		<u>2</u>	27	<u>1</u>		48	
B-PILLAR (ALSO REAR PILLAR ON PICK-UP TRUCK, CORVETTE, CAMARO, FIREBIRD)				DOOR HINGES			
UPPER	{ DAMAGED (1,2,3,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	28	RIGHT FRONT { DAMAGED (1,2,3,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	49	
		<u>2</u>	29		<u>2</u>	50	
LOWER	{ DAMAGED (1,2,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	30	RIGHT REAR (Hinge or track) { DAMAGED (1,2,3,0)* SEPARATED (1,2,3,4,5,0)**	<u>1</u>	51	
		<u>2</u>	31		<u>2</u>	52	
C-PILLAR				CONTINUITY OF SIDE STRUCTURE MAINTAINED (1,2,3,0)* i.e., <i>Is Side Boundary Broken</i> Not restricted to vehicles with reinforced side structure.		<u>2</u>	53
UPPER	{ DAMAGED (1,2,3,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	32	DOORS OPENED DURING COLLISION			
		<u>2</u>	33	RIGHT { FRONT (1,2,0)* <i>side</i> REAR (1,2,3,0)*	<u>2</u>	54	
LOWER	{ DAMAGED (1,2,3,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	34		RIGHT { FRONT (1,2,0)* REAR (1,2,3,0)*	<u>1</u>	55
		<u>2</u>	35	<u>2</u>		56	
D-PILLAR (STATION WAGON & LIMOUSINE)				DOORS JAMMED CLOSED			
UPPER	{ DAMAGED (1,2,3,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	36	RIGHT { FRONT (1,2,0)* REAR (1,2,3,0)*	<u>2</u>	57	
		<u>2</u>	37				
LOWER	{ DAMAGED (1,2,3,0)* SEPARATED (1,2,3,4,5,0)**	<u>2</u>	38				
		<u>2</u>	39				
RIGHT ROOF SIDE RAIL							
DAMAGED (1,2,3,0)*		<u>1</u>	40				
BUCKLED (1,2,3,0)*		<u>1</u>	41				
WINDSHIELD HEADER							
DAMAGED OR BUCKLED (1,2,0)*		<u>2</u>	42				

RIGHT SIDE STRUCTURE

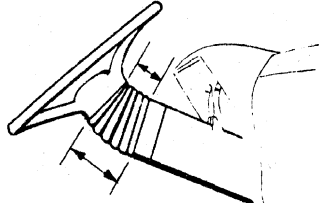
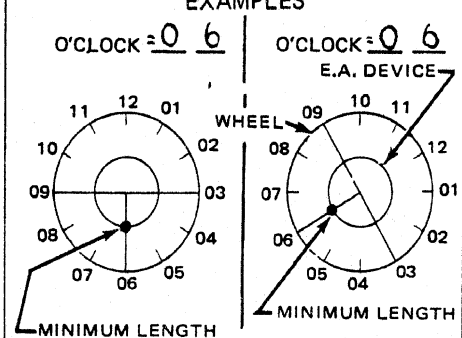
RIGHT PILLARS

*USE: 1=YES 3-NOT APPLICABLE **USE: 1=YES,TYPE UNKNOWN 4-PARTIAL SEPARATION
 2=NO 0=UNKNOWN 2=NO 5-COMPLETE SEPARATION
 3-NOT APPLICABLE 0=UNKNOWN

STEERING WHEEL

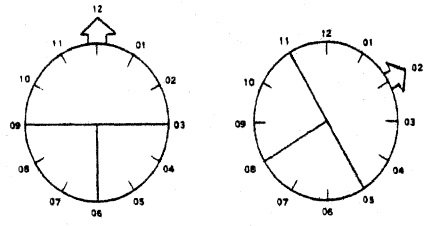
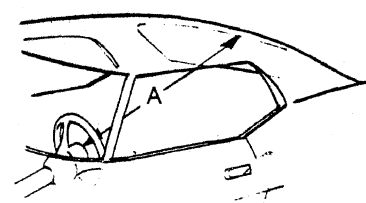
STEERING WHEEL

STEERING WHEEL	PUNCH CODE	CARD COL.
TYPE GM only, others and unknown use (99).		59-59
NOTES ON NON-ORIGINAL EQUIPMENT STEERING WHEEL:		
STEERING WHEEL RIM		
DAMAGE (2) NONE (4) SLIGHTLY DEFORMED (5) SEVERELY BENT (6) BROKEN (0) UNKNOWN	<u>2</u>	60
OCCUPANT CONTACT (1,2,3,0)	<u>0</u>	61
STEERING WHEEL SPOKES		
NUMBER OF SPOKES (ENTER "0" IF UNKNOWN)	<u>2</u>	62
DAMAGE (2) NONE (4) SLIGHTLY DEFORMED (5) SEVERELY BENT (6) BROKEN (0) UNKNOWN	<u>2</u>	63
OCCUPANT CONTACT (1,2,3,0)	<u>0</u>	64
HORN RING, HORN BUTTON(S), OR SPOKE SHROUD OR DRIVER AIR BAG COVER DAMAGED (1,2,0)*	<u>2</u>	65
OCCUPANT CONTACT (1,2,3,0)	<u>2</u>	66

STEERING WHEEL ENERGY ABSORBING DEVICE (SEE DRAWING ON PAGE 18 FOR LOCATION) EQUIPPED (1,2,0)*	PUNCH CODE <u>2</u>	CARD COL. 67
ENERGY ABSORBING DEVICE FINAL POSITION MEASURE THE MINIMUM AND MAXIMUM OVERALL LENGTH OF THE ENERGY ABSORBING DEVICE (BETWEEN THE STEERING WHEEL AND STEERING COLUMN). ENTER THESE LENGTHS BELOW		
		
MAX. = _____ in.; MIN. = _____ in.		
THE E.A. DEVICE ROTATES WITH THE STEERING WHEEL. WE WANT TO KNOW WHERE THIS MINIMUM LENGTH OCCURRED (AROUND THE CIRCUMFERENCE OF THE E.A. DEVICE) WITH RESPECT TO THE SPOKES. RECORD BELOW THE O'CLOCK POSITION AT WHICH THIS MINIMUM LENGTH WAS MEASURED.		
EXAMPLES		
		
(ENTER 00 IF UNKNOWN)	68	69
ENERGY ABSORBING DEVICE COMPRESSION FOLLOWING TO BE FILLED IN BY ANALYSIS GROUP (ENTER 99,9 IF UNKNOWN)		
ORIGINAL LENGTH (H) _____ IN.		
DAMAGED MAX. LENGTH (X) _____ IN.		
DIFFERENCE (H-X) _____ IN.		
ORIGINAL LENGTH (H) _____ IN.	70	71 72
DAMAGED MIN. LENGTH (Y) _____ IN.		
DIFFERENCE (H-Y) _____ IN.		
DEVICE EXTENDED (4) X GREATER THAN H (5) X AND Y GREATER THAN H (6) NEITHER (7) UNKNOWN (8) NOT APPLICABLE	73 74 75	76
	↑ 8's for Not Equipped ↓	
	END OF CARD 06	

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

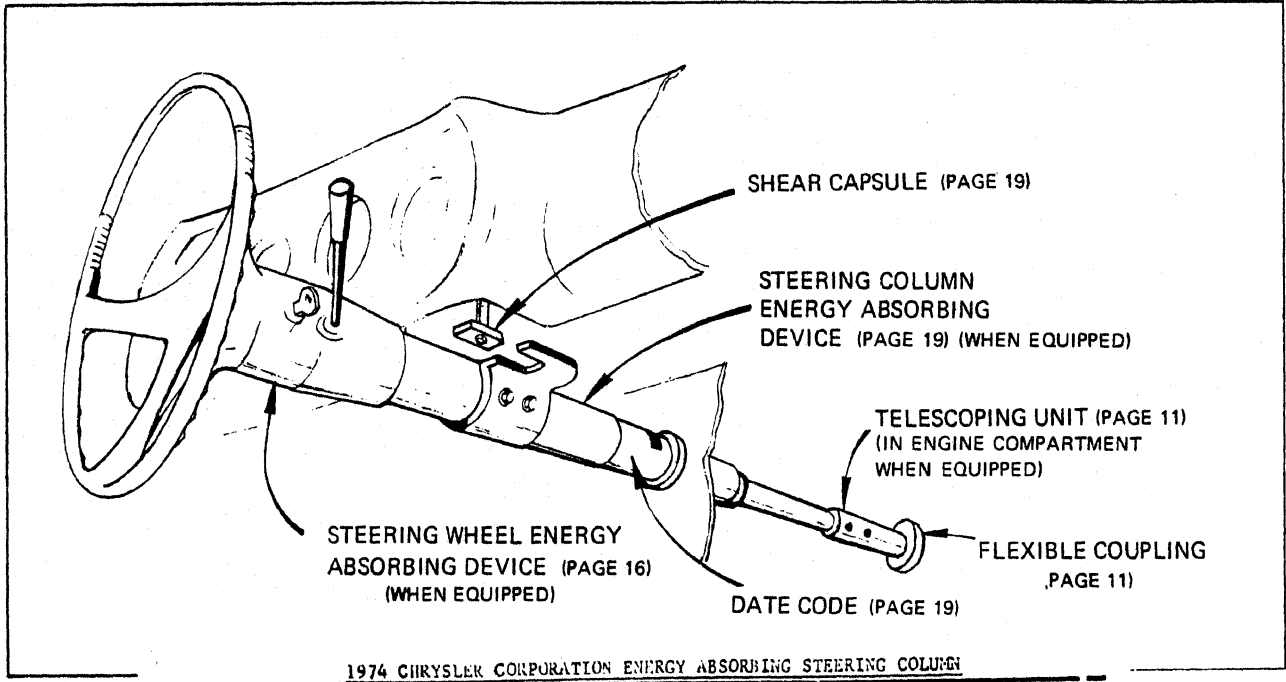
STEERING WHEEL AND COLUMN

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		0	7
		10	11
STEERING WHEEL POSITION AT TIME OF COLLISION IN WHAT O'CLOCK POSITION WAS THE NORMAL TOP OF THE WHEEL POINTED WHEN THE COLLISION OCCURRED? EXAMPLES O'CLOCK = <u>1 2</u> O'CLOCK = <u>0 2</u>  (NORMAL STRAIGHT AHEAD) (00) UNKNOWN O'CLOCK = <u>00</u>	PUNCH CODE	CARD COL.	
Steering Wheel Pad or Air Bag S.W. Pad Equipped (1,2,0)* Steering Wheel Air Bag: (4) Deployment (5) Equipped-No Deployment (6) Deployment Unknown (9) Both Pad and Air Bag Unknown S.W. Pad Deformed or Contact to Driver Air Bag(1,2,3,0)*	<u>2</u>		14
	<u>3</u>		15
TILT FEATURE EQUIPPED (1,2,0)* FINAL POSITION (3) NOT APPLICABLE (4) NORMAL (5) TILTED UP (6) TILTED DOWN (0) UNKNOWN	<u>2</u>		16
	<u>3</u>		17
TELESCOPING FEATURE EQUIPPED (1,2,0)* FINAL POSITION (3) NOT APPLICABLE (4) NORMAL (5) ABOVE NORMAL (6) BELOW NORMAL (0) UNKNOWN	<u>2</u>		18
	<u>3</u>		19
SWING-AWAY FEATURE EQUIPPED (1,2,0)* FINAL POSITION (3) NOT APPLICABLE (4) NORMAL (5) RIGHT OF NORMAL (0) UNKNOWN		<u>2</u>	20
FINAL COLUMN POSITION MEASURE THE DISTANCE FROM THE STEERING WHEEL CENTER TO THE TOP OF THE REAR WINDOW GLASS, DIRECTLY BEHIND THE HUB. ("A" IN SKETCH). ENTER THIS DISTANCE IN BLANK "A".  A: _____ INCHES		<u>3</u>	21
COLUMN MOVEMENT If top or rear window glass is displaced, then use (999) (ENTER 99.9 IF UNKNOWN) FROM A CORRESPONDING UNDAMAGED VEHICLE, MAKE A MEASUREMENT SIMILAR TO "A" ABOVE, AND RECORD IT IN BLANK "B". (PLACE TILT STEERING WHEEL IN MID-POSITION AND TELESCOPING COLUMNS IN FULL DOWN POSITION). ORIGINAL DIMENSION (B) _____ IN. DAMAGED VEHICLE DIMENSION (A) _____ IN. DIFFERENCE $ A-B $ _____ tolerance ± 1.0 DIRECTION OF MOVEMENT (4) FORWARD (A GREATER THAN B) (5) REARWARD (A LESS THAN B) (6) NEITHER (0) UNKNOWN			<u>99.9</u> 22 23 24
			25

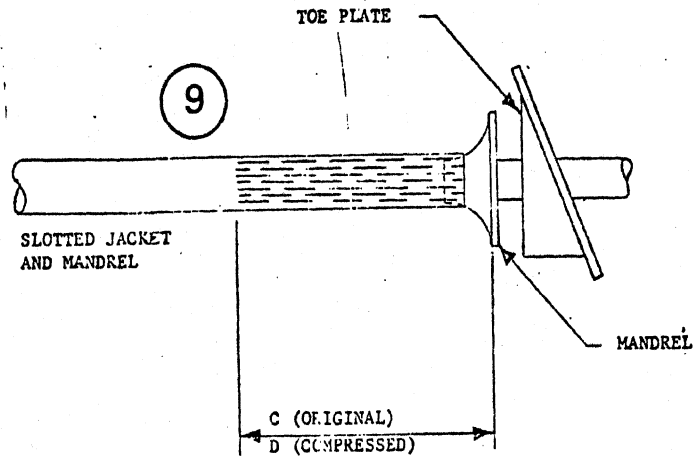
STEERING WHEEL AND COLUMN

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

STEERING COLUMN (CONT'D.)



1974 CHRYSLER CORPORATION ENERGY ABSORBING STEERING COLUMN



FORD ENERGY ABSORBING "MINI" COLUMN

(1971-76 PINTO; 1972-76 TORINO, MONTEGO, T-BIRD, MARK IV) AND
1975-76 BOBCAT; 1974-76 MUSTANG & COUGAR, AND 1975-76 GRANADA & MONARCH

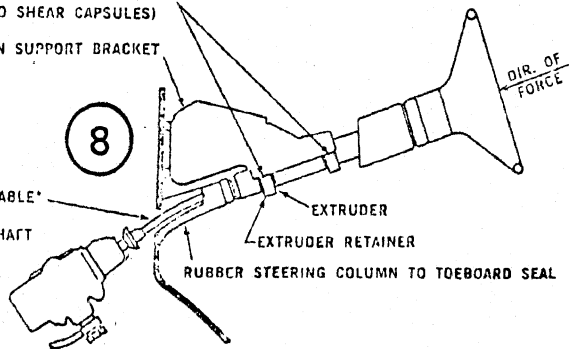
EXTRUDER AND UPPER COLUMN ATTACHMENTS
DO NOT BREAK AWAY (NO SHEAR CAPSULES)

COLUMN SUPPORT BRACKET

USED IN:
'71 THRU '76 PINTO
'72 THRU '76 TORINO
'72 THRU '76 MONTEGO
'72 THRU '76 T-BIRD
'72 THRU '76 MARK IV

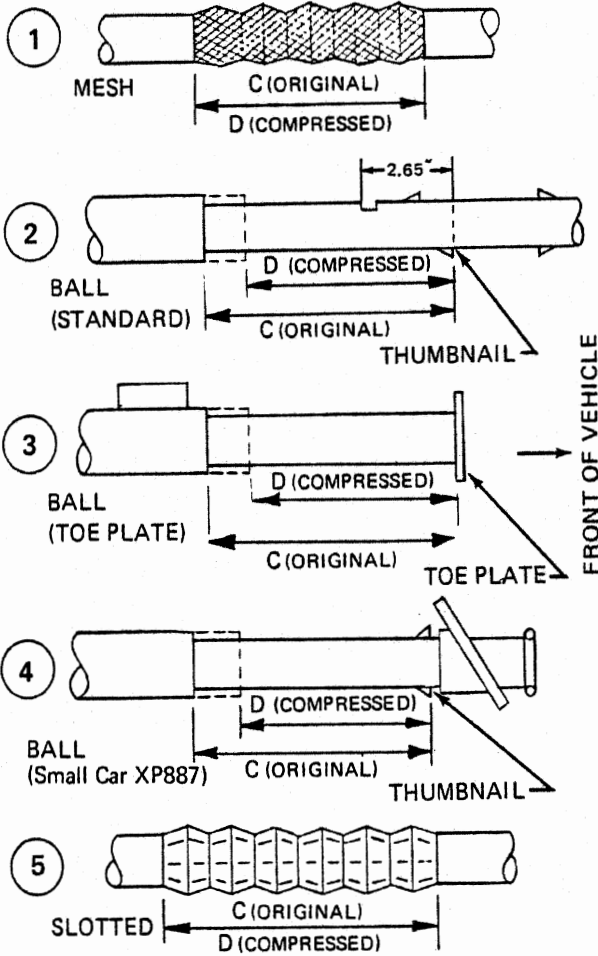
FLEXIBLE CABLE*
OR
U-JOINT SHAFT

'74 THRU '76 MUSTANG
'74 THRU '76 COUGAR
'74 THRU '76 BOBCAT

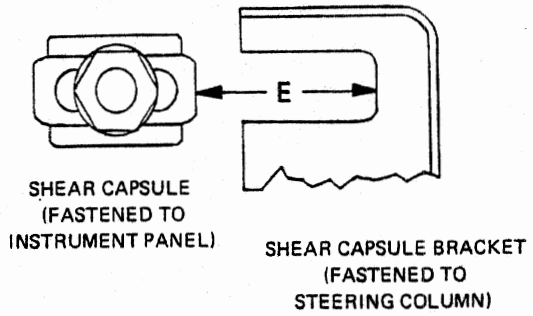


STEERING COLUMN (CONT'D.)

STEERING COLUMN ENERGY ABSORBING DEVICE SEE ALSO: page 18



SHEAR CAPSULE SEPARATION (SEE DRAWING ON PAGE 18 FOR LOCATION)



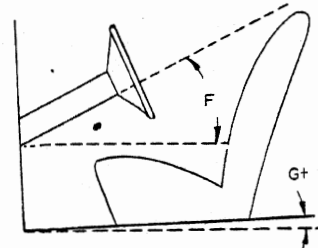
NOTE: WHEN CAPSULES HAVE SEPARATED IT MAY BE NECESSARY TO LIFT COLUMN ASSEMBLY INTO POSITION AGAINST INSTRUMENT PANEL BEFORE MEASURING.

SHEAR CAPSULE SEPARATION (E)

(888) Not Equipped, (999) Unknown
(998) Separated, Unknown Amount

PUNCH		
8	8	8
30	31	32

STEERING COLUMN VERTICAL ANGLE



MEASURE THE ANGLE THE STEERING COLUMN MAKES WITH THE HORIZONTAL ('F' IN DIAGRAM ABOVE), AND THE ANGLE THE DOOR SILL MAKES WITH THE HORIZONTAL ('G' IN DIAGRAM) AND ENTER THEM BELOW. ANGLES WHICH TILT DOWN TOWARD THE FRONT OF THE CAR ARE POSITIVE.

(NOTE: LIFT COLUMN INTO POSITION FOR MEASUREMENT)

F: _____ DEGREES; G: _____ DEGREES

STEERING COLUMN ENERGY ABSORBING DEVICE

- TYPE OF DEVICE
- (7) Not Equipped
 - (1) Mesh
 - (2) Ball (Standard)
 - (3) Ball (with Toe Plate)
 - (4) Ball (Vega)
 - (5) Slotted
 - (6) Other: _____ (e.g. Colt)
 - (8) Ford Mini-Column
 - (9) Chrysler Slotted Jacket and Mandrel (1974+)
 - (0) Unknown

PUNCH
7
26

(SEE DRAWING ON PAGE 18 FOR LOCATION)

ORIGINAL LENGTH, (C) _____

COMPRESSED LENGTH, (D) _____

COMPRESSION, (C-D) _____

(777) Device Extended
(888) Not Equipped, (999) Unknown
(998) Compressed, Unknown Amount

9	9	8
27	28	29

COLUMN VERTICAL ROTATION

FINAL COLUMN POSITION
COLUMN ANGLE (F) _____
(Relative to Ground)
VEHICLE ANGLE (G) _____
COLUMN ANGLE (F-G=H) _____
(Relative to Vehicle)

FROM A CORRESPONDING UNDAMAGED VEHICLE, MAKE A MEASUREMENT SIMILAR TO "H" ABOVE AND RECORD IT IN BLANK "J"

ORIGINAL DIMENSION (J) _____
DAMAGED VEHICLE DIMENSION (H) _____
COLUMN ROTATION (H-J) _____

(ENTER 99 IF UNKNOWN) tolerance $\pm 1^\circ$
98 Rotated - Unknown amount

PUNCH	
9	9
33	34

STEERING COLUMN

PASSENGER COMPARTMENT

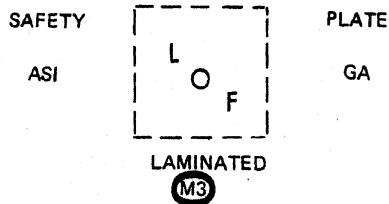
GENERAL INFORMATION

GENERAL INFORMATION	PUNCH CODE	CARD COL.
PASSENGER COMPARTMENT REDUCED IN SIZE (1,2,0)*	1	35
EXTERNAL OBJECT INTRUSION (1,2,0)* DESCRIBE ON FOLD-OUT FLY-LEAF	2	36
INTERNAL LOOSE OBJECT (1,2,0)*	1	37
VERTICAL ROTATION OF INSTRUMENT PANEL (1,2,0)*	2	38
FIREWALL (COWL) DEFORMATION (1,2,0)*	2	39
FLOORPAN DEFORMATION (1,2,0)* (INCLUDING TOEPAN)	2	40
WINDSHIELD		
CRACKED (1,2,3,0)*	1	41
BROKEN (1,2,3,0)* (Plastic Interlayer Torn)	1	42
OCCUPANT CONTACT (1,2,3,0)*	1	43
CRACKED OR BROKEN BY OCCUPANT CONTACT (1,2,3,0)*	1	44
BOND SEPARATED (1,2,0)* (IF "YES", ESTIMATE PERCENT <u>100</u>)	1	45
WINDSHIELD CODE		
(YY) Unknown		46-47

WINDSHIELD MARK

DRAW GLASS MANUFACTURER'S WINDSHIELD MARK WHICH IS LOCATED ALONG THE BOTTOM OF THE WINDSHIELD AT CENTER OR AT ONE CORNER.

EXAMPLE OF TYPICAL MARK:

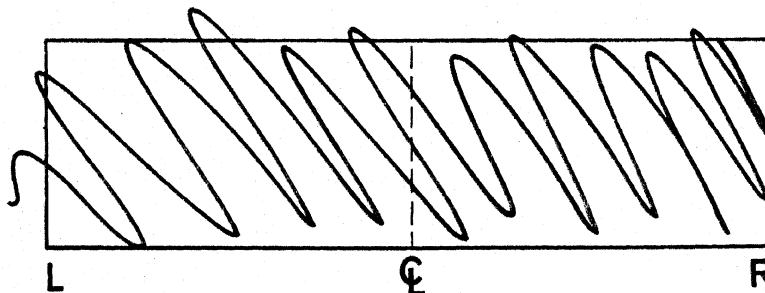


MARK ON CASE VEHICLE:

UNKNOWN

WINDSHIELD

LOCATE AREA OF WINDSHIELD INTEREST OR DAMAGE WITH DIMENSIONS (VERTICAL & HORIZONTAL) ON THIS DIAGRAM OF THE WINDSHIELD AS VIEWED FROM INSIDE.



*WHERE (1,2,3,0) IS INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT

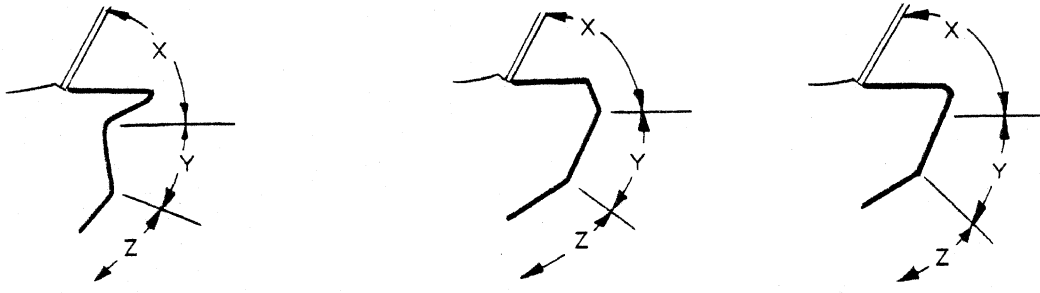
	EQUIPPED (1,2,0)*		DAMAGED (1,2,3,0)*		OCCUPANT CONTACT (inc. probable) (1,2,3,0)*	
	PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.
INSTRUMENT PANEL						
UPPER PANEL ("X" IN DIAGRAMS) - - - - -			2	48	1	49
MIDPANEL ("Y" IN DIAGRAMS) - - - - -			2	50	1	51
LOWER PANEL ("Z" IN DIAGRAMS) - - - - -			2	52	1	53
ASHTRAY - - - - -			2	54	0	55
CONTROL KNOBS AND LEVERS - - - - -			2	56	0	57
GLOVE COMPARTMENT AREA - - - - -			2	58	0	59
INSTRUMENTS - - - - -			2	60	0	61
PARKING BRAKE RELEASE OR BRACKET - - - - -	1	62	2	63	0	64
AIR CONDITIONING OUTLETS OR UPPER VENTILATION OUTLETS	2	65	2	66	2	67
HEATER OR AIR CONDITIONING DUCTS - - - - -	2	68	2	69	2	70
RADIO - - - - -	2	71	2	72	2	73
OTHER: _____ (MORE THAN ONE ITEM MAY BE NOTED)			2	74	2	75

INSTRUMENT PANEL

Passenger - Air Bag:
 (4) Deployment
 (5) Equipped-No Deployment
 (6) Deployment Unknown
 (9) Both Other Damage and Air Bag Equipped Unknown

END OF CARD 07

e.g. package shelf, CB radio, tape deck
TYPICAL PANEL DIAGRAMS



*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
 2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT

OTHER INTERIOR DAMAGE

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD $\frac{0}{10}$ $\frac{8}{11}$		EQUIPPED (1,2,0)*		DAMAGED (1,2,3,0)*		OCCUPANT CONTACT (1,2,3,0)*	
OTHER INTERIOR ITEMS (FRONT OF VEHICLE)		PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.
FOOT CONTROLS	-----			2	12	0	13
IGNITION KEYS	-----			2	14	0	15
REAR VIEW MIRROR	-----			2	16	0	17
SUNVISOR AND FITTINGS	-----			2	18	0	19
WINDSHIELD TOP MOLDING	-----			1	20	1	21
LEFT A-PILLAR (UPPER OR LOWER)	-----			1	22	1	23
RIGHT A-PILLAR (UPPER OR LOWER)	-----			1	24	1	25
CONSOLE	----- <i>engine cover</i>	1	26	2	27	1	28
TRANSMISSION SELECTOR LEVER							
ON STEERING COLUMN	-----	1	29	2	30		31
ON CONSOLE OR FLOOR	-----	2	32	3	33	3	34

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT (CONT'D.)

SEATS		PUNCH CODE	CARD COL.	POSITION OF SEAT PRIOR TO CRASH		PUNCH CODE	CARD COL.
TYPE OF FRONT SEAT (4) (7) (5) (8) (6) (9) (0) UNKNOWN 3) Drivers Seat Only				DRIVER'S SEAT (4) FORWARD (5) MIDDLE (6) REARWARD (0) UNKNOWN			
FOLDING BACKS (1,2,0)* DELUXE ACCESSORIES (1) Deluxe Accessories (2) None (4) Reclining Seatbacks (0) Unknown		9 2 2	35 36 37	RIGHT FRONT PASSENGER'S SEAT (3) NOT APPLICABLE (No Seat) (4) FORWARD (5) MIDDLE (6) REARWARD (0) UNKNOWN		6 code the same if bench seat	44 45
TYPE OF SEAT ADJUSTERS (4) MANUAL Driver's Side (5) POWER (6) RIGID (7) OTHER: _____ (0) UNKNOWN		4	38	DAMAGE TO FRONT SEAT BACKREST DAMAGE (1,2,0)* CUSHION DAMAGE (1,2,0)* CONTACTED BY REAR OCCUPANT (1,2,3,0)* <small>If no rear occupant</small>		2 2	46 47 48
TYPE OF SEAT ADJUSTMENT (3) NONE (NOT APPLICABLE) (4) 2-WAY Driver's Side (5) 4-WAY (6) 6-WAY (7) OTHER: _____ (0) UNKNOWN (8) Swivel Seats		4	39	SEAT CENTER ARMRESTS (FRONT) EQUIPPED (1,2,0)* DAMAGED (1,2,3,0)*		2 2	49 50
DAMAGE TO ADJUSTERS (1,2,0)* Include Rigid		2	40	HEAD RESTRAINTS Driver's Side (FRONT) EQUIPPED (1,2,0)* REMOVED PRIOR TO COLLISION (1,2,3,0)* RETAINED DURING COLLISION (1,2,3,0)* DAMAGED (1,2,3,0)* OCCUPANT CONTACT (1,2,3,0)*		2 Integral	51 52 53 54 55
TYPE OF DAMAGE TO ADJUSTERS (CHOOSE TWO: rank in order of severity) (2) None (4) Chocking (some free play) (5) Deformed (e.g. Released or Jammed) (6) Separated (0) Unknown (8) Swivel Damaged		2 2	41 42	HEAD RESTRAINT Driver's Side ADJUSTMENT AT TIME OF COLLISION (3) Not Applicable, None (4) UP from seat top (5) DOWN on seat top (0) Unknown (6) Integral		2 2	56
LOCATION OF SEPARATION (3) NOT APPLICABLE (4) AT FLOOR (5) AT ADJUSTER (6) AT SEAT (0) UNKNOWN		3	43				

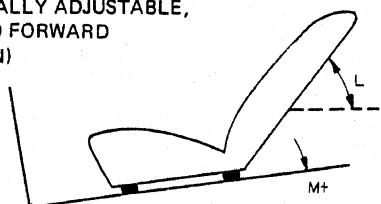
SEATS

PASSENGER COMPARTMENT (CONT'D.)

WINDOWS

SEATS

SEATS (CONT'D)	PUNCH CODE	CARD COL.
FRONT SEAT BACK LOCKS		
LEFT { EQUIPPED (1,2,3,0)* or center { HELD (1,2,3,0)*	2	57
	3	58
RIGHT { EQUIPPED (1,2,3,0)* { HELD (1,2,3,0)*	3	59
	3	60

FRONT SEAT BACK ANGLE	
<p>MEASURE THE FRONT SEAT BACK ANGLE AT THE LEFT AND RIGHT SEAT BACK FRAMES. (IF SEAT BACK ANGLE IS NORMALLY ADJUSTABLE, MOVE TO FORWARD POSITION)</p>  <p>MEASURE THE ANGLE THE SEAT BACK MAKES WITH HORIZONTAL (L IN DIAGRAM), AND THE ANGLE THE DOOR SILL MAKES WITH HORIZONTAL (M IN DIAGRAM) AND ENTER BELOW.</p>	
LEFT SIDE	RIGHT SIDE
L ____ DEG. M ____ DEG.	L ____ DEG. M ____ DEG.

SEAT BACK ROTATION	PUNCH CODE	CARD COL.																										
<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">DEGREES</th> </tr> <tr> <th>LEFT</th> <th>RIGHT</th> </tr> </thead> <tbody> <tr> <td>FINAL SEAT ANGLE (ENTER 99 IF UNKNOWN)</td> <td></td> <td></td> </tr> <tr> <td>SEAT ANGLE (L) (Relative to Ground)</td> <td>---</td> <td>---</td> </tr> <tr> <td>VEHICLE ANGLE (M)</td> <td>---</td> <td>---</td> </tr> <tr> <td>SEAT ANGLE (L-M=P) (Relative to Vehicle)</td> <td>---</td> <td>---</td> </tr> </tbody> </table> <p>FROM A CORRESPONDING UNDAMAGED VEHICLE, MAKE A MEASUREMENT SIMILAR TO "P" ABOVE AND RECORD IT IN BLANK "R" BELOW.</p> <table border="1"> <tbody> <tr> <td>ORIGINAL ANGLE (R)</td> <td>---</td> <td>---</td> </tr> <tr> <td>DAMAGED SEAT ANGLE (P)</td> <td>---</td> <td>---</td> </tr> <tr> <td>DIFFERENCE R-P </td> <td>---</td> <td>---</td> </tr> </tbody> </table> <p>tolerance ±2°</p>		DEGREES		LEFT	RIGHT	FINAL SEAT ANGLE (ENTER 99 IF UNKNOWN)			SEAT ANGLE (L) (Relative to Ground)	---	---	VEHICLE ANGLE (M)	---	---	SEAT ANGLE (L-M=P) (Relative to Vehicle)	---	---	ORIGINAL ANGLE (R)	---	---	DAMAGED SEAT ANGLE (P)	---	---	DIFFERENCE R-P	---	---		
		DEGREES																										
	LEFT	RIGHT																										
FINAL SEAT ANGLE (ENTER 99 IF UNKNOWN)																												
SEAT ANGLE (L) (Relative to Ground)	---	---																										
VEHICLE ANGLE (M)	---	---																										
SEAT ANGLE (L-M=P) (Relative to Vehicle)	---	---																										
ORIGINAL ANGLE (R)	---	---																										
DAMAGED SEAT ANGLE (P)	---	---																										
DIFFERENCE R-P	---	---																										
LEFT SEAT ANGLE DIFFERENCE	---	61-62																										
RIGHT SEAT ANGLE DIFFERENCE	---	63-64																										

TYPE OF REAR SEAT	PUNCH CODE	CARD COL.
(2) NO SEAT		
(4) NON-FOLDING		
(5) FOLDING		
(0) UNKNOWN		
		65

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		
	0	9
	10	11

DAMAGE TO REAR SEAT	PUNCH CODE	CARD COL.
BACKREST DAMAGED OR LOOSENED (1,2,3,0)*	2	12
CUSHION DAMAGED OR LOOSENED (1,2,3,0)*	3	13
SEAT CENTER ARMRESTS (REAR)		
EQUIPPED (1,2,3,0)*	2	14
DAMAGED (1,2,3,0)*	3	15
REAR SEAT BACK LOCKS		
LEFT OR CENTER { EQUIPPED (1,2,3,0)* { HELD (1,2,3,0)*	2	16
	3	17
RIGHT { EQUIPPED (1,2,3,0)* { HELD (1,2,3,0)*	3	18
	3	19
THIRD SEAT		
EQUIPPED (1,2,0)*	1	20
BACKREST DAMAGED (1,2,3,0)*	2	21
CUSHION DAMAGED (1,2,3,0)*	3	22

BACKLIGHT (REAR WINDOW)	PUNCH CODE	CARD COL.
DAMAGED (1,2,3,0)*	2	23
OCCUPANT CONTACT (1,2,3,0)*	3	24

BACKLIGHT HEADER	PUNCH CODE	CARD COL.
DAMAGED (1,2,3,0)* convertible	2	25
OCCUPANT CONTACT (1,2,3,0)*	3	26

WINDOWS CLOSED AT TIME OF COLLISION (3=no window)	PUNCH CODE	CARD COL.
LEFT FRONT (1,2,3,0)*	0	27
LEFT REAR (1,2,3,0)*	0	28
RIGHT FRONT (1,2,3,0)*	0	29
RIGHT REAR (1,2,3,0)*	0	30
BACKLIGHT (1,2,3,0)*	0	31
ALL SIDE WINDOWS OPERABLE AFTER COLLISION (1,2,3,0)*	2	32
POWER SIDE WINDOWS EQUIPPED (1,2,0)*	2	33

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT (CONT'D.)

LEFT SIDE INTERIOR		DAMAGED (1,2,3,0)*		OCCUPANT CONTACT (1,2,3,0)*	
		PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.
FRONT	DOOR -----	2	34	1	35
	HARDWARE -----	2	36	0	37
	ARMREST -----	2	38	0	39
	GLASS -----	2	40	0	41
REAR	DOOR AREA -----	3	42	3	43
	HARDWARE -----	3	44	3	45
	ARMREST -----	3	46	3	47
	GLASS -----	3	48	3	49
ROOF SIDE RAIL -----		1	50	1	51
B-PILLAR (ALSO REAR PILLAR ON PICK-UP TRUCK, CORVETTE, FIREBIRD & CAMARO) -----		1	52	1	53
C-PILLAR -----		1	54	1	55
D-PILLAR (REAR PILLAR ON STATION WAGONS & LIMOUSINES) -----		1	56	1	57
OTHER: _____		---	58	---	59
END OF CARD 09					

LEFT SIDE INTERIOR

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

PASSENGER COMPARTMENT (CONT'D.)

RIGHT SIDE INTERIOR

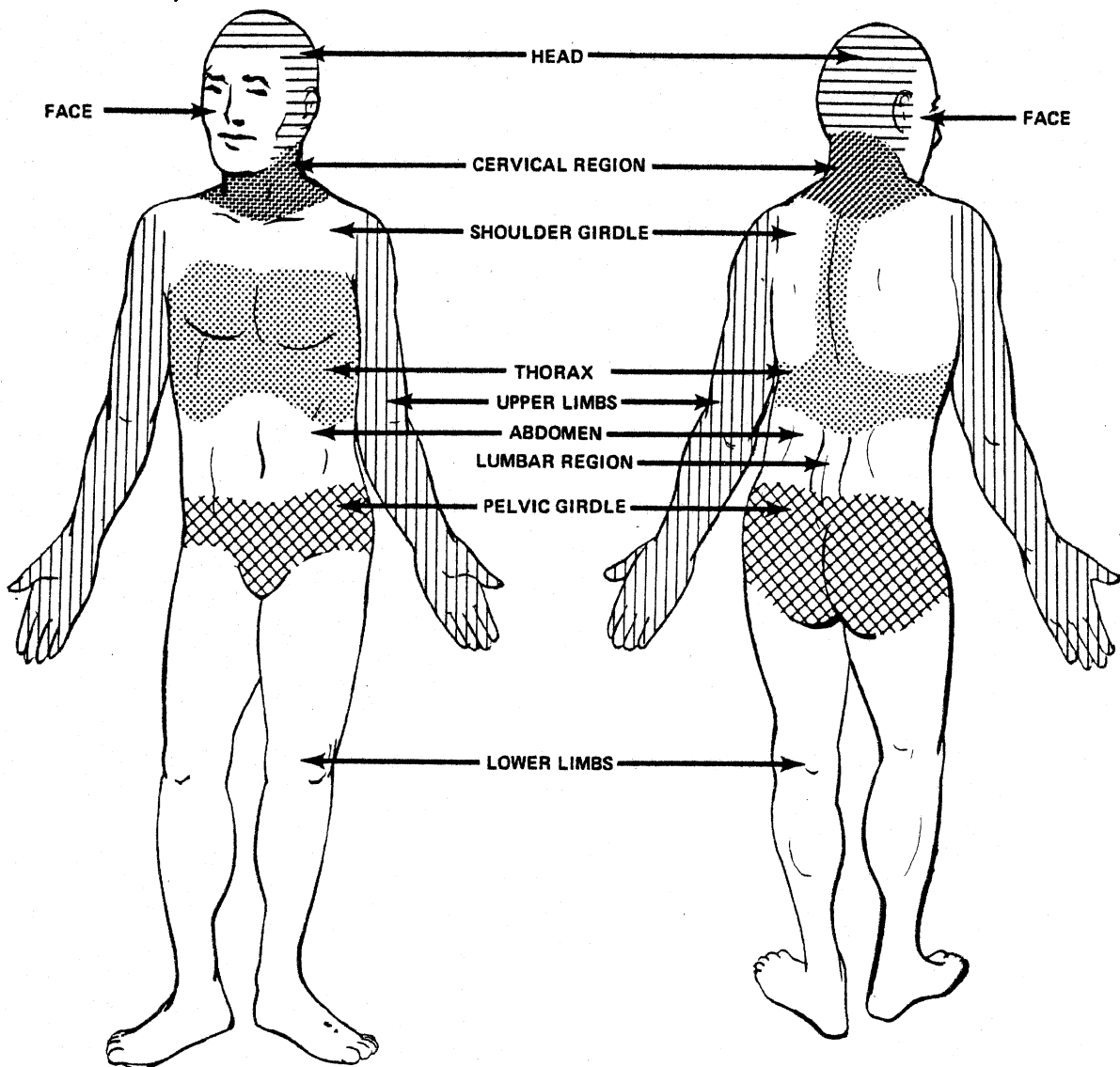
ROOF INTERIOR

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10 11		DAMAGED (1,2,3,0)*		OCCUPANT CONTACT (1,2,3,0)*	
		PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.	PUNCH CODE	CARD COL.
RIGHT SIDE INTERIOR							
FRONT	DOOR -----	2	12	0	13		
	HARDWARE -----	2	14	0	15		
	ARMREST -----	2	16	0	17		
	GLASS -----	2	18	0	19		
SIDE REAR	DOOR AREA -----	1	20	1	21		
	HARDWARE -----	1	22	1	23		
	ARMREST -----	1	24	1	25		
	GLASS -----	1	26	1	27		
ROOF SIDE RAIL -----		1	28	1	29		
B-PILLAR (ALSO REAR PILLAR ON PICK-UP TRUCK, CORVETTE, FIREBIRD & CAMARO) -----		1	30	1	31		
C-PILLAR -----		1	32	1	33		
D-PILLAR (REAR PILLAR ON STATION WAGONS & LIMOUSINES) -----		1	34	1	35		
OTHER: _____			36		37		
ROOF INTERIOR	HEADLINING -----		38		39		
	ROOF STRUCTURE -----		40		41		
						END OF CARD 10	

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
(See SEATING CHART)		PUNCH CODE	CARD COL.	LAP BELT			
		01	12-13	EQUIPPED FOR THIS POSITION (1,2,0)*		1	27
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: (0) UNKNOWN		4		WORN BY OCCUPANT (1,2,3,0)*		0	28
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN		4		WORN CORRECTLY (1,2,3,0)*		0	29
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN		1	16	LOCKING RETRACTOR (1,2,3,0)*		0	30
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)		23	17-18	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped		9	31
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)		128	21-23	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (3) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)		65	24-25	Upper Torso Belt and/or Air Bag Used			
SEX (4) Male (5) Female (6) Large Animal (0) Unknown		5	26	(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown		3	32
				WORN CORRECTLY (1,2,3,0)*		0	33
				INERTIA REEL (1,2,3,0)*		0	34
				LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-36
				TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g., VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown		3	37
				CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
				CHILD RESTRAINT CODE (99 none)			38-39
							40
							41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
DEGREE OF EJECTION (2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN	<u>2</u>	42
AREA OF EJECTION (3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN	<u>3</u>	43
TREATMENT/MORTALITY (0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown	<u>0</u>	44
OVERALL SEVERITY OF INJURIES (USE 1976 AIS) (00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN	<u>01</u>	45-46
	END OF CARD	

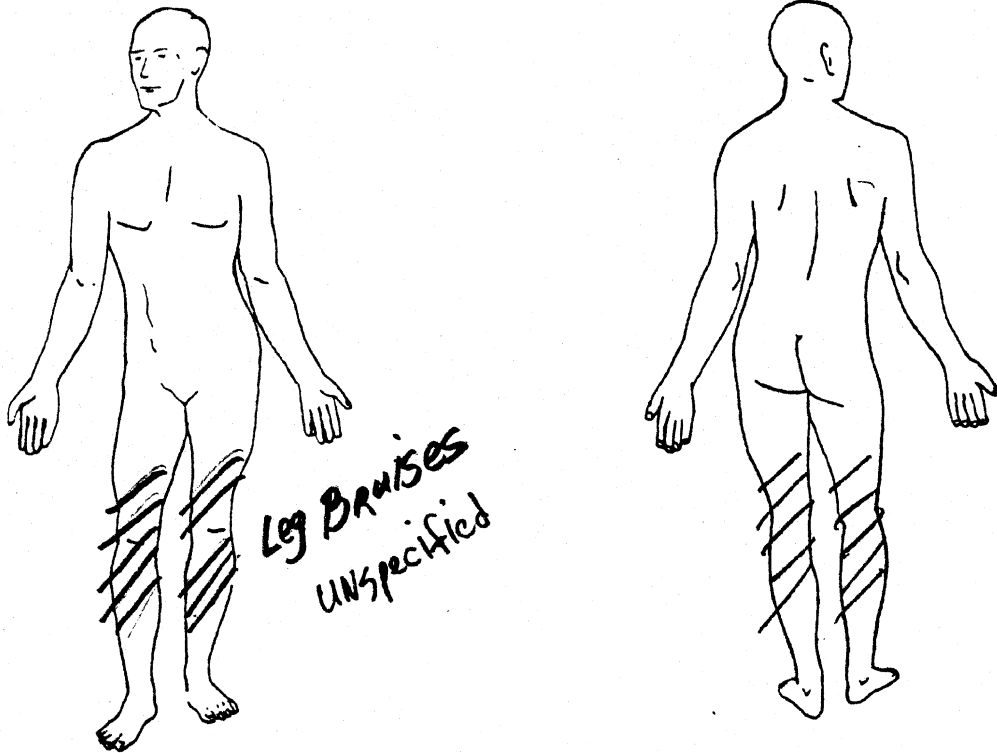
*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

NOTES

OCCUPANT

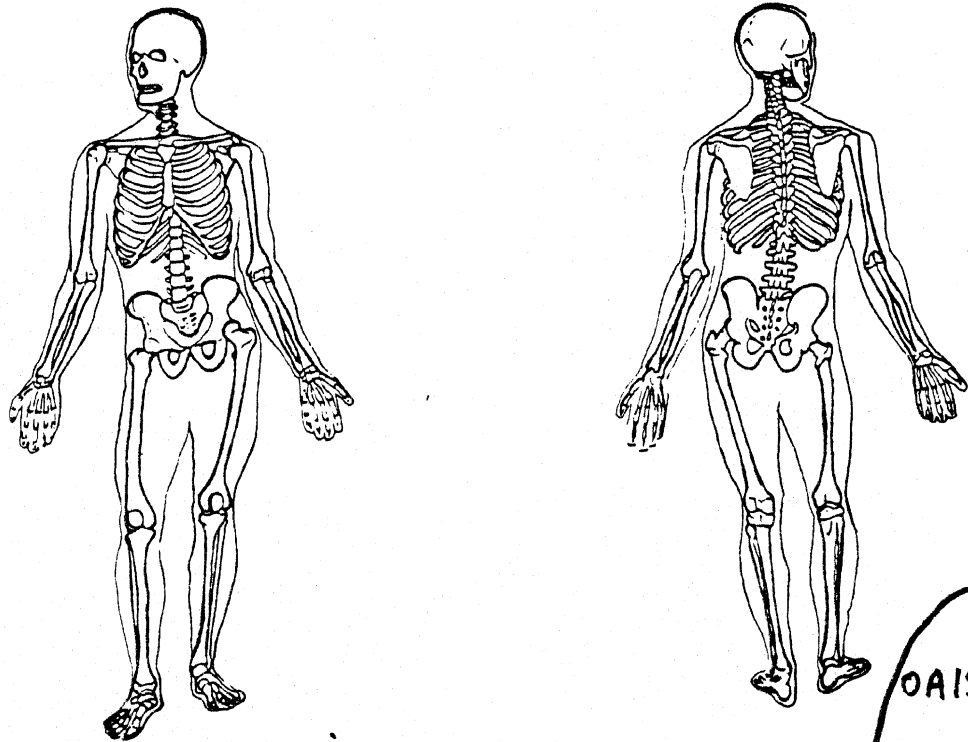
STRIKE HEAD / SHOULDER ON door DRIVERS side

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES Interview
Source of Information

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT NO.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	HEMORRHAGE	BURN	OTHER
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
D U P L I C A T E . F R O M P R E C E D I N G C A R D	12	INTERNAL ORGANS														
	13	BRAIN														
	14	FACE														
	15	01 HEAD	20				1			1						
	16	NECK (CERVICAL REGION)														
	17	SHOULDER GIRDLE														
	18	RIGHT UPPER LIMB														
	19	01 LEFT UPPER LIMB	20				1			1						
	20	CHEST & UPPER BACK (THORAX)														
	21	LOWER BACK (LUMBAR REGION)														
	22	ABDOMEN														
	23	PELVIC GIRDLE														
	24	01 RIGHT LOWER LIMB	00				1			1						
	25	01 LEFT LOWER LIMB	00				1			1						
	26	WHOLE BODY														

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

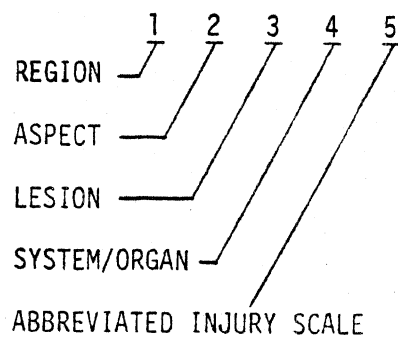
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER 1 2 3 4 5 6 7 8 9

CARD 8 0 10

OCCUPANT NUMBER 12

Role of Individual at First Impact

1 16

- (0) Unknown
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture

10 15

- (10) Sitting on Seat
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant

0 17

- (0) None
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test

0 18

- (0) Unknown (999 Below)
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

999 19

- (999) Unknown, No Results
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

0 22

- (1) Yes, Type Unknown
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped

0 23

- (0) Unknown
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational

0 24

- (0) Unknown if Operational
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together (Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0)

0 25

Passive Restraint System Equipped

2 26

- (1) Yes, Type Unknown
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated

3 27

- (1) Yes
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation

0 28

- (1) Yes, Area Unknown
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

0 29

- (0) Unknown
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

00
11

EMS Contributory to Severity (0,1,2)

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

- (4) Exemplary Service

Autopsy Performed (0,1,2,3)

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

0
12

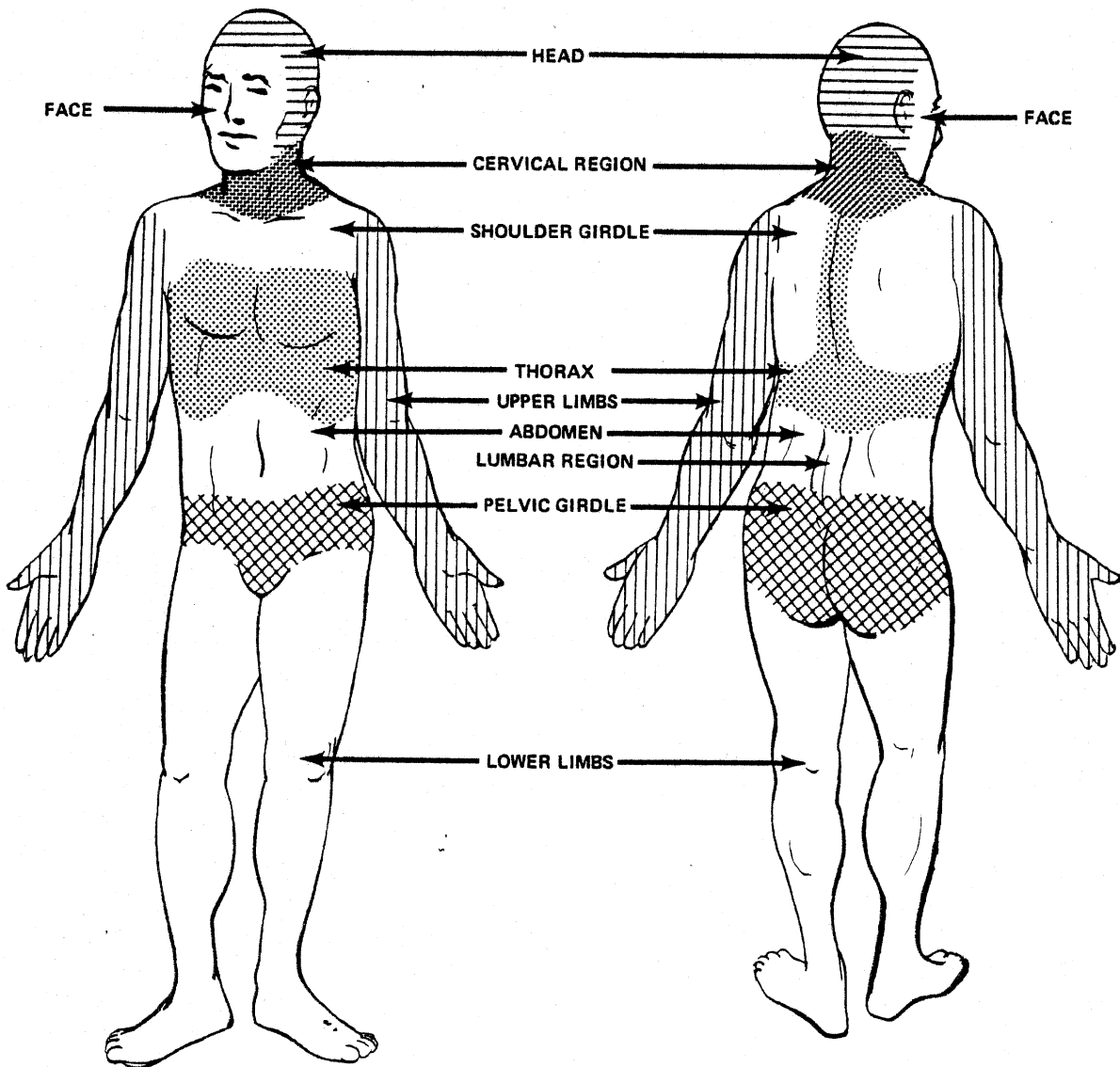
3
33
2
34

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15. FOUR AREA(S) OF POSSIBLE CONTACT	PRIMARY OIC					ASSOCIATED OIC'S																																										
			BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY																																	
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36																													
D U P L I C A T E F R O M P R E C E D I N G C A R D	81	01 20					H	u	P	M	O																																							
	82	01 20					S	L	P	M	O																																							
	83	01 00					y	u	c	I	I																																							
	84	01 00					y	u	c	I	I																																							
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	93																																																	
	94																																																	
	95																																																	

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER		02	12-13	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: (0) UNKNOWN		4		EQUIPPED FOR THIS POSITION (1,2,0)*		1	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN		8		WORN BY OCCUPANT (1,2,3,0)*		2	28
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN		1	16	WORN CORRECTLY (1,2,3,0)*		3	29
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)		09	17-18	LOCKING RETRACTOR (1,2,3,0)*		3	30
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)		075	21-23	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)		53	24-25	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped Upper Torso Belt and/or Air Bag Used (1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown WORN CORRECTLY (1,2,3,0)* INERTIA REEL (1,2,3,0)*			
SEX (4) Male (5) Female (6) Large Animal (0) Unknown		5	26	LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			
				TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown		3	37
				CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
				CHILD RESTRAINT CODE (99 none)			38-39
							40
							41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (6) COMPLETE (0) UNKNOWN</p>	<u>5</u>	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>8</u>	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>3</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>02</u>	45-46
<p>END OF CARD</p>		

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

NOTES

STRUCK ceiling AND steering wheel -
 ejected thru windshield

OCCUPANT

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES

unspecified
SEVERE SCALP LACERATION

BRUISES
whole right
side of Body

CONTUSIONS
Buttocks

SOFT TISSUE INJURIES

OCCUPANT

Cerebral
CONCUSSION

SKELETAL INJURIES
Source of Information

Interview

OAIS = 2

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

C. A R D N U M B E R	O C C U P A N T N O.	B O D Y R E G I O N	★ E N T E R C O D E (S) F O R A R E (S) O F P O S S I B L E C O N T A C T				E N T E R S E V E R I T Y C O D E S									
							O V E R A L L I N J U R Y T O B O D Y R E G I O N	F R A C T U R E	L A C E R A T I O N	C O N T U S I O N	C O M P L A I N T O F P A I N	A B R A S I O N	C O N C U S I O N	H E M O R R H A G E	B U R N	O T H E R
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
	12	INTERNAL ORGANS														
D U P L I C A T E D F R O M P R E C E D I N G C A R D	13	02 BRAIN	25	12	78		2						2			
	14	FACE														
	15	02 HEAD	25	12	78		2		2							
	16	NECK (CERVICAL REGION)														
	17	SHOULDER GIRDLE														
	18	RIGHT UPPER LIMB														
	19	LEFT UPPER LIMB														
	20	CHEST & UPPER BACK (THORAX)														
	21	LOWER BACK (LUMBAR REGION)														
	22	ABDOMEN														
23	02 PELVIC GIRDLE	65	78				1			1						
24	RIGHT LOWER LIMB															
25	LEFT LOWER LIMB															
26	02 WHOLE BODY	65	78				1			1						

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
 - (54) Upper Instrument Panel (X)
 - (55) Middle Instrument Panel (Y)
 - (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
 - (65) Steering Wheel (includes rim & spokes)
 - (66) Steering Wheel Column
 - (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
 - (82) Instrument(s)
 - (83) Control Knob(s) and Lever(s) (front)
 - (84) Parking Brake Handle (in front)
 - (67) Ignition Key
 - (06) Mirror
 - (04) Heater or Air Conditioning Ducts
 - (01) Air Conditioning or Ventilation Outlet(s)
 - (08) Radio (built-in)
 - (58) Add-on Tape Deck, Radio, AC
 - (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
 - (84) Parking Brake Handle in Front
 - (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

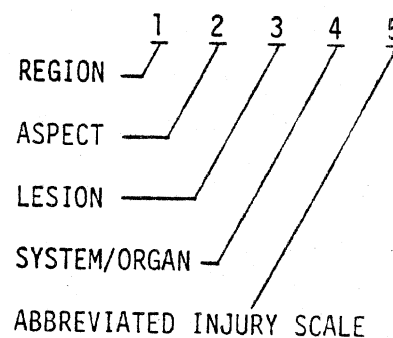
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u>	<u>BODY REGION</u>	<u>2</u>	<u>ASPECT</u>	<u>3</u>	<u>LESION</u>
H	Head-Skull	R	Right	L	Laceration
F	Face	L	Left	C	Contusion
N	Neck	B	Bilateral	A	Abrasion
S	Shoulder	C	Central	F	Fracture
X	Upper Extremities	A	Anterior/Front	P	Pain
A	Arm (Upper)	P	Posterior/Back	K	Concussion
E	Elbow	S	Superior/Upper	H	Hemorrhage
R	Forearm	I	Inferior/Lower	V	Avulsion
W	Wrist-Hand	W	Whole Region	R	Rupture
C	Chest	U	Unknown	S	Sprain
M	Abdomen			D	Dislocation
B	Back			N	Crushing
P	Pelvic-Hip			M	Amputation
Y	Lower Extremities			B	Burn
T	Thigh			X	Asphyxia
K	Knee			O	Other
L	Leg (Lower)			U	Unknown
Q	Ankle-Foot				
O	Whole Body				
U	Unknown				

<u>4</u>	<u>SYSTEM/ORGAN</u>	<u>5</u>	<u>AIS</u>
S	Skeletal	0	None
V	Vertebrae	1	Minor
J	Joints	2	Moderate
D	Digestive	3	Severe
L	Liver	4	Serious
N	Nervous System	5	Critical
B	Brain	6	Maximum
C	Spinal Cord	9	Unknown
E	Eyes, Ears		
	Cardiovascular		
A	Arteries		
H	Heart		
Q	Spleen		
G	Urogenital		
K	Kidneys		
R	Respiratory		
P	Pulmonary, Lungs		
M	Muscles		
I	Integumentary		
W	All systems in region		
U	Unknown		



7 CASE I.D. NUMBER CARD 8 0 OCCUPANT NUMBER

Role of Individual at First Impact

2 14

- (0) Unknown
(1) Motor Vehicle Driver
(2) Motor Vehicle Passenger (not driver)

Posture

10 15

- (10) Sitting on Seat
(11) Sitting on Seat in Abnormal Position
(12) Sitting on Console
(20) On Lap or in Arms
(30) Standing on Seat
(40) Standing on Floor
(47) Standing - External to Passenger Compartment
(50) In Bassinet
(60) In Child Seat
(65) In Child Harness
(70) Lying on Seat
(80) Lying or Sitting on Passenger Floor
(83) Lying or Sitting on Other Object in Passenger Compartment
(85) On Station Wagon Cargo Floor or Fold Seat Back
(87) Lying or Sitting - External to Passenger Compartment
(98) Other:
(00) Unknown

Non-Impact Medical Conditions for Each Occupant

0 17

- (0) None
(1) Yes - Time and Type Unknown
(2) Pre-Crash Fatal (Clinical Death at Wheel)
(3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
(4) Pregnant
(5) Post-Crash Fatal (Drowning)
(6) Post-Crash Non-Fatal Injury
(8) Other:
(9) Unknown

Occupant Alcohol Involvement/Test

1 18

- (0) Unknown (999 Below)
(1) No Test, Alcohol Not Suspected (000 Below)
(2) No Test, Alcohol Indicated & No Test Requested (999 Below)
(3) No Test, Test Requested & Refused (999 Below)
(4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
(5) No Test, But Charged (DWI) Booked Drunk
(6) No Test, Fled Scene
(8) BAC Tested, Results Not Provided (999 Below)
(9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

000 19

- (999) Unknown, No Results
(000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

2 22

- (1) Yes, Type Unknown
(2) None
(4) Urine
(5) Spinal
(6) Breath
(7) Blood
(8) Other:
(9) Several of Above
(0) Unknown

Seat Belt Buzzer/Interlock Equipped

2 23

- (0) Unknown
(1) Equipped, Type Unknown
(2) Not Equipped
(4) Non-Cycled Buzzer
(5) Ignition Interlock
(6) 4-second buzzer (post-interlock)
(9) Other:

Seat Belt Buzzer Operational

3 24

- (0) Unknown if Operational
(1) Yes, Operational
(2) Not Operational, Reason Unknown
(3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
(5) Disconnection, Removal, Intentional Destruction
(6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
(7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
(8) Letting it Buzz
(9) Other: (Defective)

Ignition Interlock Operational (1, 2, 3, 0)

2 25

Passive Restraint System Equipped

2 26

- (1) Yes, Type Unknown
(2) No
(4) Air Bag
(5) Knee and Torso Restraint (e.g., VW)
(9) Other:
(0) Unknown

Activated

3 27

- (1) Yes
(2) No
(3) Not Applicable
(0) Unknown

Restraint System Malfunction or Separation

2 28

- (1) Yes, Area Unknown
(2) No
(3) Not Applicable, No Restraints Equipped
(4) At Buckle
(5) In Webbing
(6) At Anchorage
(7) In Retractor
(8) In Passive System
(0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

7 29

- (0) Unknown
(1) Reduced Injury Severity
(2) Could Have Reduced Severity if Worn (Correctly)
(3) No Opinion
(4) Could Not Have Reduced Severity if Worn
(5) Did Not Reduce Overall Severity
(6) Did Increase Overall Severity
(7) Would Have Increased Severity if Worn
(8) More Restraints Would Have Been Better

Treatment/Mortality

04

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

2

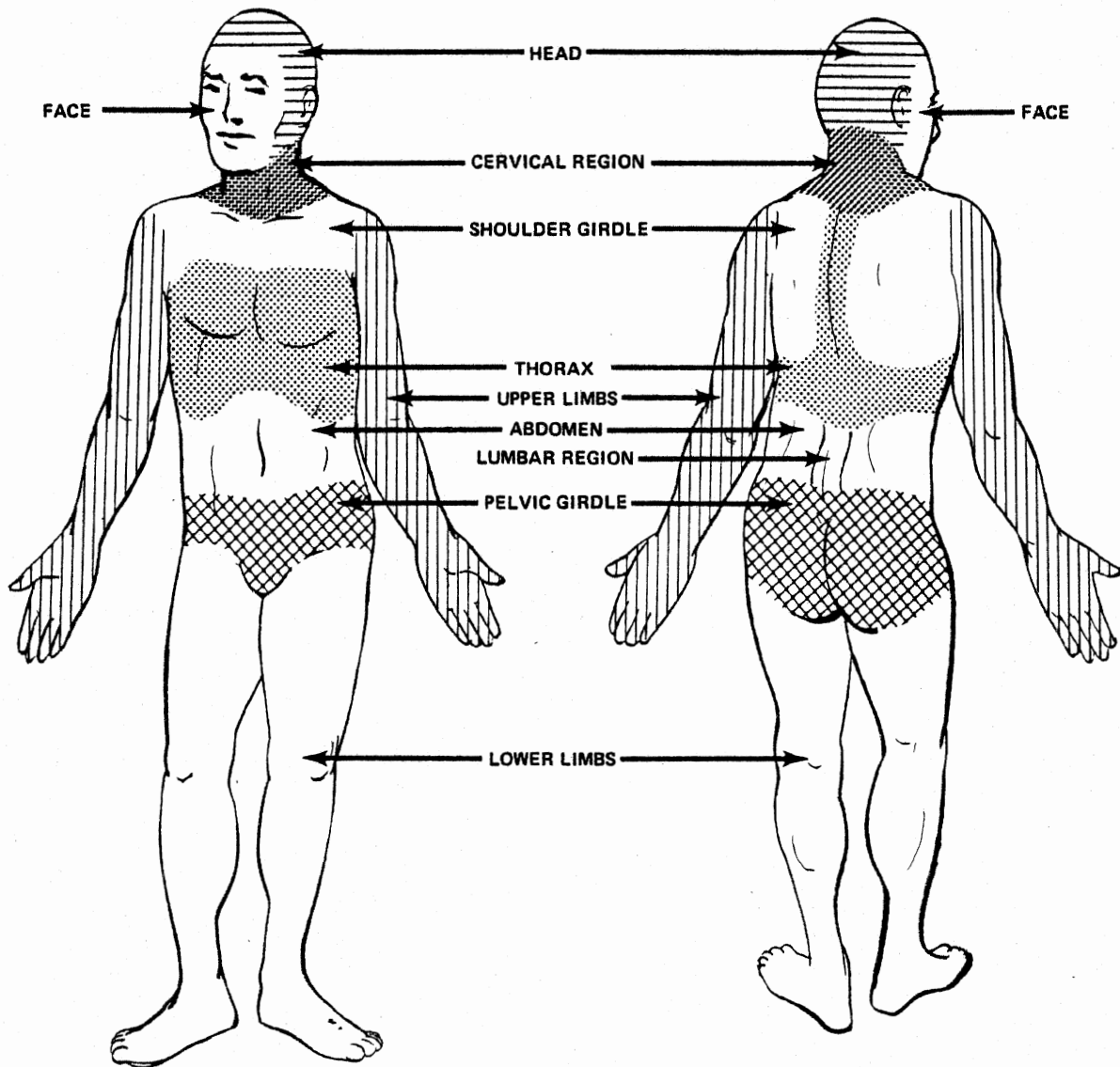
- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15. FOUR AREA(S) OF POSSIBLE CONTACT						PRIMARY OIC				ASSOCIATED OIC'S										
		10-11	12-13	14-15	16-17	18-19	20-21	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY
1-9								22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D U P L I C A T E		81	02	25	12	78		H	U	K	B	2										
		82	02	25	12	78		H	U	L	M	2										
		83	02	65	78			P	P	C	I	1										
		84	02	65	78			O	R	C	I	1										
		85																				
F R O M		86																				
		87																				
P R E C E D I N G		88																				
		89																				
		90																				
		91																				
C A R D		92																				
		93																				
		94																				
		95																				

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN **ONE** OCCUPANT , USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

DUPLICATE COLUMNS 1-4 FROM PRECEDING CARD <u>1</u> <u>1</u> 10 11			RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER	PUNCH CODE	CARD COL.	LAP BELT			
	<u>03</u>	12-13	EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: <u>Row 1</u> (0) UNKNOWN			WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
			WORN CORRECTLY (1,2,3,0)*		<u>3</u>	29
		<u>7</u>	LOCKING RETRACTOR (1,2,3,0)*		<u>3</u>	30
			UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN			(1) No A/B & Upper Belt Equipped			31
		<u>4</u>	(2) No A/B & Upper Belt Not Equipped			
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN			(3) No A/B & Upper Belt Unk if Equipped			
		<u>1</u>	(4) A/B Equipped & Upper Belt Equipped			
			(5) A/B Equipped & Upper Belt Not Equipped			
			(6) A/B Equipped & Upper Belt Unk if Equipped			
			(7) Both A/B & Upper Belt Unk if Equipped			
			Upper Torso Belt and/or Air Bag Used			
			(1) No Deployment or No Bag; Upper Belt Worn			32
			(2) No Deployment or No Bag; Upper Belt Not Worn			
			(3) No Deployment or No Bag; No Upper Belt			
			(4) No Deployment or No Bag; Unknown if Worn			
			(5) Deployment; Upper Belt Worn			
			(6) Deployment; Upper Belt Not Worn			
			(7) Deployment; No Upper Belt			
			(8) Deployment; Upper Belt Unknown if Worn			
			(9) Both Upper Torso Worn or Air Bag Deployed Unknown			
			WORN CORRECTLY (1,2,3,0)*			33
			INERTIA REEL (1,2,3,0)*			34
			LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-39
AGE	YEARS, OR	<u>13</u>	TYPE OF UPPER TORSO RESTRAINT USED			
	MONTHS (INFANTS) to 24 months	<u>---</u>	(3) No Torso Restraint Used			
	(ENTER "0" S IF UNKNOWN)		(4) 3-point			
			(5) 4-point			
			(6) Other (e.g. VW passive restraint system)			
			(7) Air Bag Deployed & No Belts Used			
			(8) Air Bag Deployed & Any Belts Used			
			(9) Air Bag Deployed & Unknown Belt Use			37
			(0) Unknown			
WEIGHT, LBS.	(ENTER "0" S, IF UNKNOWN)	<u>092</u>	CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
HEIGHT, INCHES	(ENTER "0" S, IF UNKNOWN)	<u>61</u>				
SEX	(4) Male (5) Female (6) Large Animal (0) Unknown	<u>5</u>	CHILD RESTRAINT CODE (99 none)			38-39
						40
						41

OCCUPANT

*

*

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

* THERE WERE 11 BELT AND 19 PASSENGERS

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p>	<u>2</u>	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>3</u>	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>1</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>01</u>	45-46
END OF CARD		

NOTES

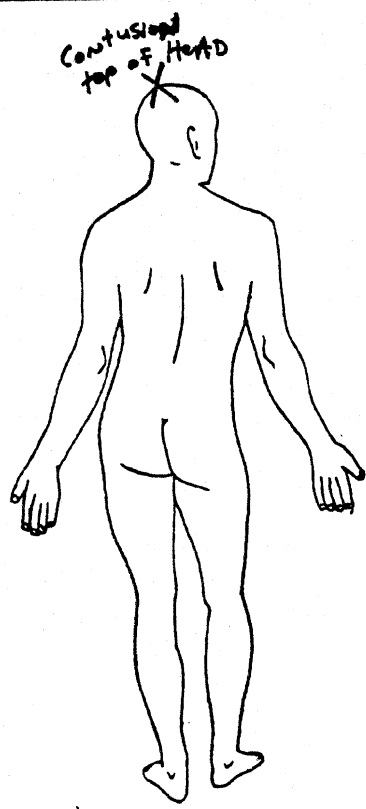
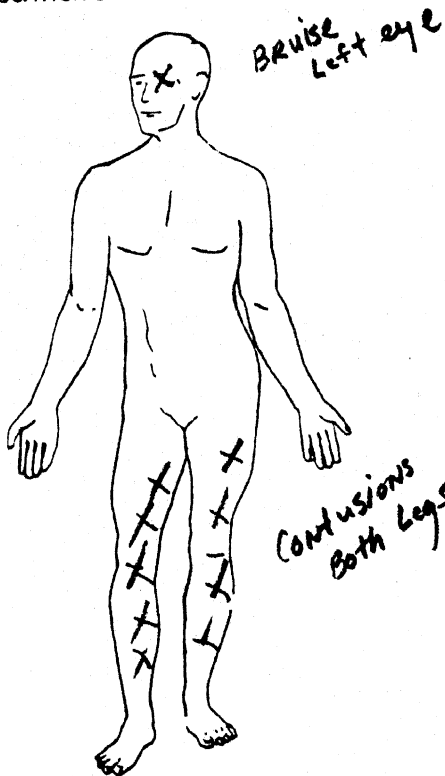
OCCUPANT

*Struck head on roof of overturning vehicle - As vehicle
 Righted itself she struck both the seat BTR AND
 the floor with her legs.*

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

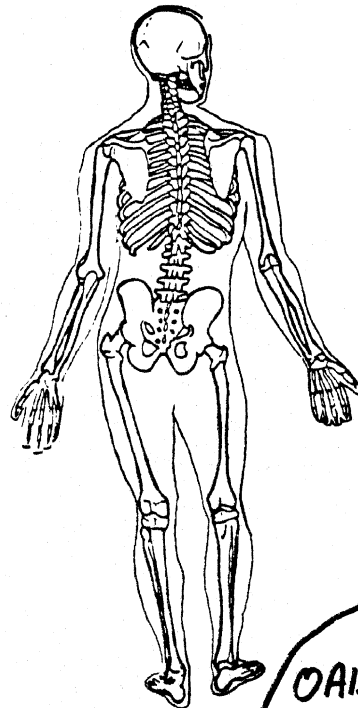
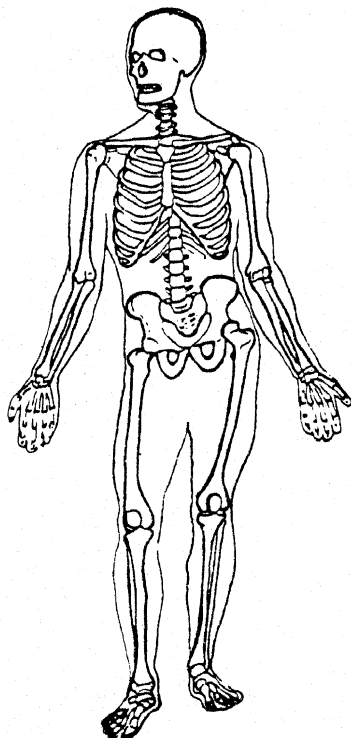
03

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information

Interview

OAIS = 1

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. Do not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT N. O.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	HEMORRHAGE	BURN	OTHER
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
	12		INTERNAL ORGANS													
	13		BRAIN													
D U P L I C A T E . F R O M P R E C E D I N G C A R D	14	03	FACE	25				1		1						
	15	03	HEAD	25				1		1						
	16		NECK (CERVICAL REGION)													
	17		SHOULDER GIRDLE													
	18		RIGHT UPPER LIMB													
	19		LEFT UPPER LIMB													
	20		CHEST & UPPER BACK (THORAX)													
	21		LOWER BACK (LUMBAR REGION)													
	22		ABDOMEN													
	23		PELVIC GIRDLE													
	24	03	RIGHT LOWER LIMB	29 40				1		1						
	25	03	LEFT LOWER LIMB	29 40				1		1						
	26		WHOLE BODY													

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s).
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

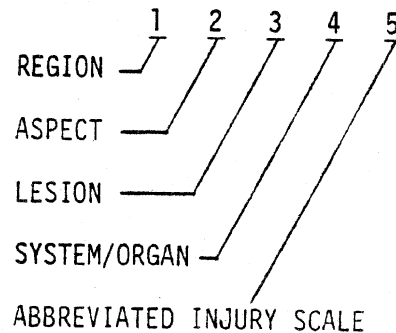
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> <u>BODY REGION</u>	<u>2</u> <u>ASPECT</u>	<u>3</u> <u>LESION</u>
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> <u>SYSTEM/ORGAN</u>	<u>5</u> <u>AIS</u>
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
1 2 3 4 5 10 12

Role of Individual at First Impact

2
14

- (0) Unknown
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture

11
15

- (10) Sitting on Seat
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant

9
17

- (0) None
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test

1
18

- (0) Unknown (999 Below)
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

0 0 0
19

- (999) Unknown, No Results
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

22

- (1) Yes, Type Unknown
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped

- (0) Unknown
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational

3
24

- (0) Unknown if Operational
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together 'Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

2
26

- (1) Yes, Type Unknown
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated

3
27

- (1) Yes
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation

2
28

- (1) Yes, Area Unknown
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

29

- (0) Unknown
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

02
11

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0
12

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

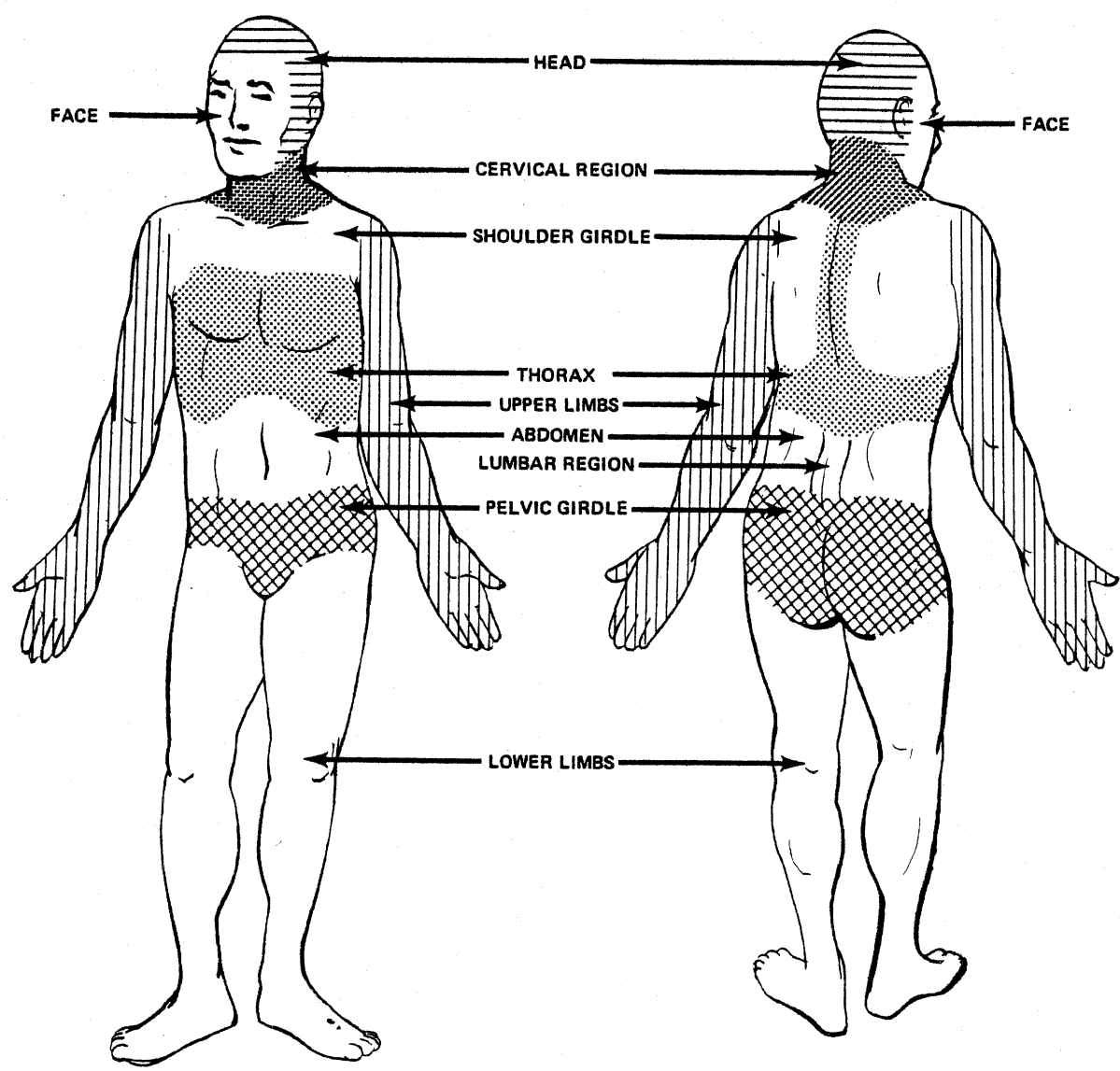
3
33
1
34

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15. FOUR AREA(S) OF POSSIBLE CONTACT	PRIMARY OIC					ASSOCIATED OIC'S													
			BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY				
1-5	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D	81	03 25					F	L	C	E	I										
U	82	03 25					H	S	C	I	I										
L	83	03 29 40					Y	R	C	I	I										
C	84	03 29 40					Y	L	C	I	I										
A	85																				
T	86																				
E	87																				
F	88																				
R	89																				
O	90																				
M	91																				
P	92																				
R	93																				
E	94																				
C	95																				

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER		04	12-13	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD <u>Row 1</u> (7) OTHER: <u>7</u> (0) UNKNOWN				EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN				WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN				WORN CORRECTLY (1,2,3,0)*			29
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)				LOCKING RETRACTOR (1,2,3,0)*			30
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)		075	21-23	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)		60	24-25	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (3) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			31
SEX (4) Male (5) Female (6) Large Animal (0) Unknown				Upper Torso Belt and/or Air Bag Used			
				(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown			32
				WORN CORRECTLY (1,2,3,0)*			33
				INERTIA REEL (1,2,3,0)*			34
				LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-36
				TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g., VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			37
				CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
				CHILD RESTRAINT CODE (99 none)			38-39
							40
							41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p>	<u>2</u>	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>3</u>	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>1</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>01</u>	45-46
END OF CARD		

NOTES

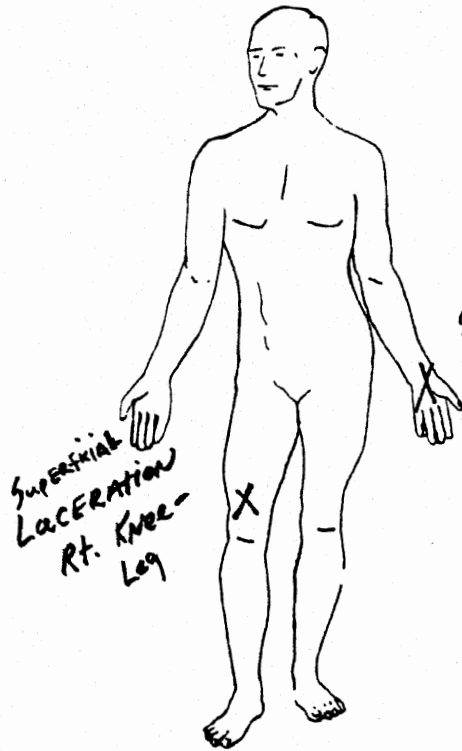
Held onto DRIVERS SEAT during Roll

OCCUPANT

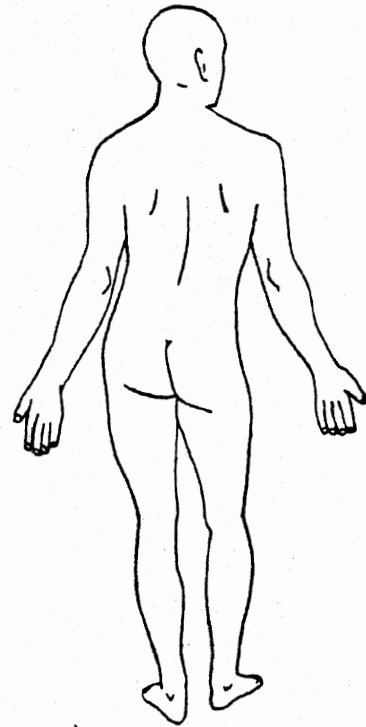
*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

#04

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES

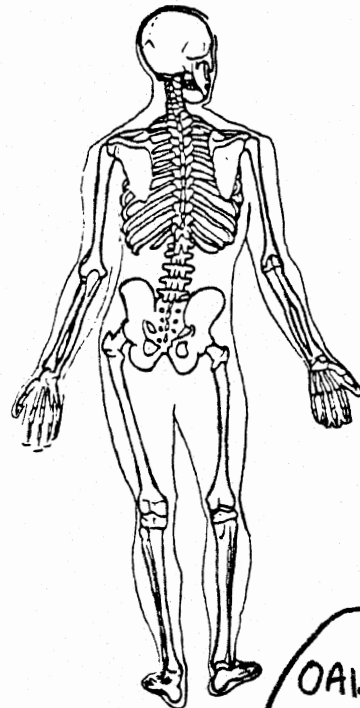
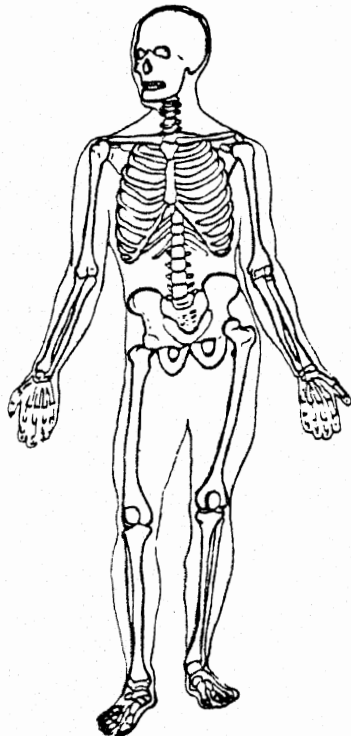


SCRATCH LEFT WRIST-HAND



SOFT TISSUE INJURIES

OCCUPANT



OAIS = 1

SKELETAL INJURIES INTERVIEW
Source of Information

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more **specific components or area(s)** contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

	C. CARD NUMBER	OCCUPANT N.O.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
								OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	HEMORRHAGE	BURN	OTHER
	1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
DUPLICATE FROM PRECEDING CARD		12	INTERNAL ORGANS														
		13	BRAIN														
		14	FACE														
		15	HEAD														
		16	NECK (CERVICAL REGION)														
		17	SHOULDER GIRDLE														
		18	RIGHT UPPER LIMB														
		19	04 LEFT UPPER LIMB		00				1		1						
		20	CHEST & UPPER BACK (THORAX)														
		21	LOWER BACK (LUMBAR REGION)														
		22	ABDOMEN														
		23	PELVIC GIRDLE														
		24	04 RIGHT LOWER LIMB		00				1		1						
	25	LEFT LOWER LIMB															
	26	WHOLE BODY															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

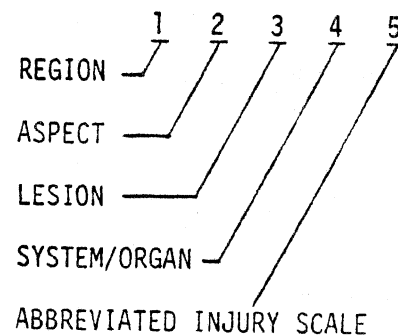
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> <u>BODY REGION</u>	<u>2</u> <u>ASPECT</u>	<u>3</u> <u>LESION</u>
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> <u>SYSTEM/ORGAN</u>	<u>5</u> <u>AIS</u>
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
 1 2 4 5 10 12

Role of Individual at First Impact 2

- (0) Unknown 14
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture 1 0

- (10) Sitting on Seat 15
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant 9

- (0) None 17
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test 1

- (0) Unknown (999 Below) 18
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

- (999) Unknown, No Results 19
- (000) No Drinking or "Results" Record Actual MG %

Occupant Alcohol Test 22

- (1) Yes, Type Unknown
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped 0

- (0) Unknown 23
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational 24

- (0) Unknown if Operational
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable. Not Equipped

System Inhibited by:

- (4) Fastening Belts Together 'Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0) 25

Passive Restraint System Equipped 26

- (1) Yes, Type Unknown
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated 27

- (1) Yes
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation 28

- (1) Yes, Area Unknown
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness 29

- (0) Unknown
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

02
10

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0
12

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3
13

Overall Police Injury Severity (KABC)

(Note: Report Police Judgement)

1
14

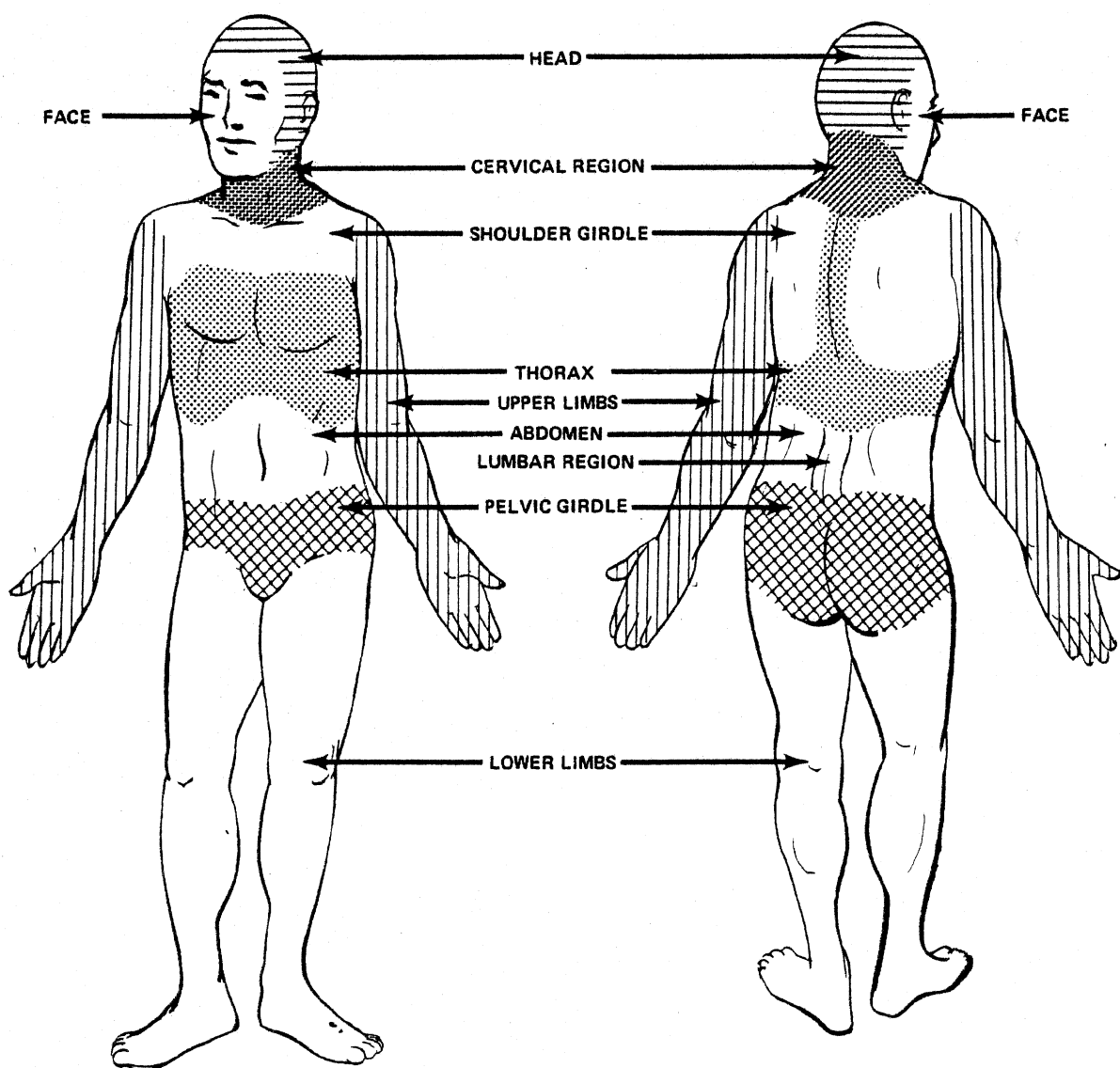
- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.					PRIMARY OIC					ASSOCIATED OIC'S									
		FOUR AREA(S) OF POSSIBLE CONTACT					BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY
1-6	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D U P L I C A T E F R O M P R E C E D I N G C A R D	81	04	00				W	L	L	I	I										
	82	04	00				K	R	L	M	I										
	83																				
	84																				
	85																				
	86																				
	87																				
	88																				
	89																				
	90																				
91																					
92																					
93																					
94																					
95																					

OCCUPANT INFORMATION SECTION

- 1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
- 2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
- 3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER		PUNCH CODE	CARD COL.	LAP BELT			
		<u>05</u>	12-13	EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
SEAT LOCATION				WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
(3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup)				WORN CORRECTLY (1,2,3,0)*		---	29
(4) FRONT				LOCKING RETRACTOR (1,2,3,0)*		---	30
(5) REAR				UPPER TORSO RESTRAINT			
(6) THIRD <u>Row 1</u>				Upper Torso Belt and/or Air Bag Equipped			
(7) OTHER: <u>Row 1</u>		<u>7</u>		(1) No A/B & Upper Belt Equipped			31
(8) UNKNOWN				(2) No A/B & Upper Belt Not Equipped			
POSITION ON SEAT				(3) No A/B & Upper Belt Unk if Equipped			
(3) EXTERNAL TO PASS. COMP.				(4) A/B Equipped & Upper Belt Equipped			
(4) LEFT				(5) A/B Equipped & Upper Belt Not Equipped			
(5) LEFT CENTER				(6) A/B Equipped & Upper Belt Unk if Equipped			
(6) CENTER				(7) Both A/B & Upper Belt Unk if Equipped			
(7) RIGHT CENTER				Upper Torso Belt and/or Air Bag Used			
(8) RIGHT				(1) No Deployment or No Bag; Upper Belt Worn			
(9) ALL (Lying on seat)		<u>7</u>		(2) No Deployment or No Bag; Upper Belt Not Worn			
(0) UNKNOWN				(3) No Deployment or No Bag; No Upper Belt			
POSTURE				(4) No Deployment or No Bag; Unknown if Worn			32
(1) SITTING ON SEAT				(5) Deployment; Upper Belt Worn			
(2) ON LAP OR IN ARMS				(6) Deployment; Upper Belt Not Worn			
(3) STANDING ON SEAT				(7) Deployment; No Upper Belt			
(4) STANDING ON FLOOR				(8) Deployment; Upper Belt Unknown if Worn			
(5) IN BASSINET				(9) Both Upper Torso Worn or Air Bag Deployed Unknown			
(6) IN CHILD SEAT				WORN CORRECTLY (1,2,3,0)*			33
(7) LYING ON SEAT				INERTIA REEL (1,2,3,0)*			34
(8) LYING OR SITTING ON FLOOR OR OTHER OBJECT		<u>1</u>	16	LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-36
(0) UNKNOWN				TYPE OF UPPER TORSO RESTRAINT USED			
AGE				(3) No Torso Restraint Used			
YEARS, OR		<u>10</u>	17-18	(4) 3-point			
MONTHS (INFANTS) to 24 months		---	19-20	(5) 6-point			
(ENTER "0" IF UNKNOWN)				(6) Other (e.g. VW passive restraint system)			
WEIGHT, LBS.				(7) Air Bag Deployed & No Belts Used			37
(ENTER "0" IF UNKNOWN)		<u>095</u>	21-23	(8) Air Bag Deployed & Any Belts Used			
HEIGHT, INCHES				(9) Air Bag Deployed & Unknown Belt Use			
(ENTER "0" IF UNKNOWN)		<u>61</u>	24-25	(0) Unknown			
SEX				CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
(4) Male				CHILD RESTRAINT CODE (99 none)			38-39
(5) Female							40
(6) Large Animal		<u>4</u>	26				41
(0) Unknown							

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
DEGREE OF EJECTION (2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN	<u>2</u>	42
AREA OF EJECTION (3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN	<u>3</u>	43
TREATMENT/MORTALITY (0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown	<u>1</u>	44
OVERALL SEVERITY OF INJURIES (USE 1976 AIS) (00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN	<u>01</u>	45-46
	END OF CARD	

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

NOTES

HEAD hit Roof of overturning vehicle — CAME DOWN
 WITH Right Knee ON EITHER FIRE EXTINGUISHER OR
 DOOR handle — (he believes it was door handle) —
 He was then thrown " All over " .

OCCUPANT

05

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES

Left eye
Puffed up

Lg. Contusion
Left side Nose

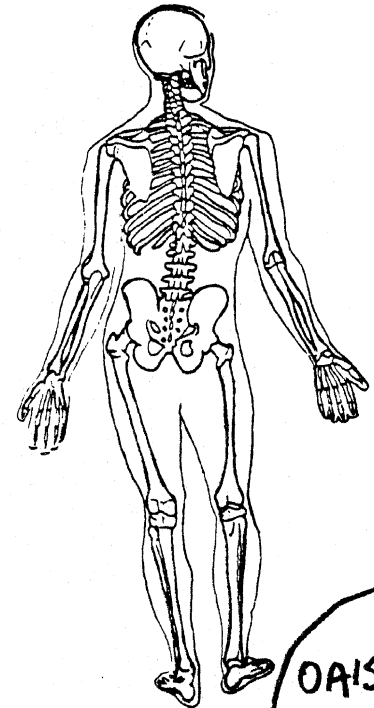
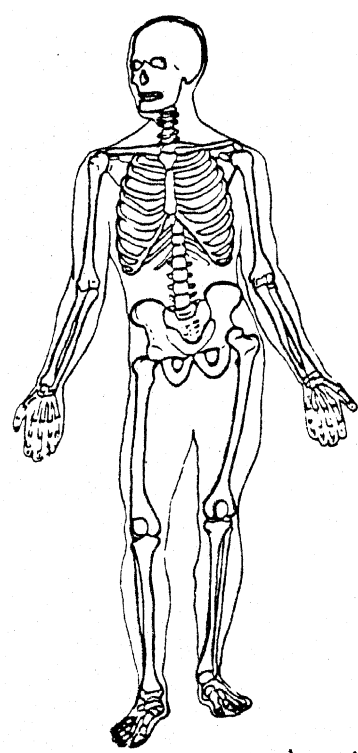
Neck stiff

Rt. Knee
Bruise

Contusion
Back Left Side
HEAD

SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information Interview

OAIS = 1

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. Do not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT NO.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	BURN	HEMORRHAGE	OTHER
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
	12	INTERNAL ORGANS														
	13	BRAIN														
D U P L I C A T E . F R O M P R E C E D I N G C A R D	14	05 FACE	25				1			1						
	15	05 HEAD	25				1			1						
	16	05 NECK (CERVICAL REGION)	25				1				1					
	17		SHOULDER GIRDLE													
	18		RIGHT UPPER LIMB													
	19		LEFT UPPER LIMB													
	20		CHEST & UPPER BACK (THORAX)													
	21		LOWER BACK (LUMBAR REGION)													
	22		ABDOMEN													
	23		PELVIC GIRDLE													
	24	05 RIGHT LOWER LIMB	19	38			1			1						
	25		LEFT LOWER LIMB													
	26		WHOLE BODY													

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

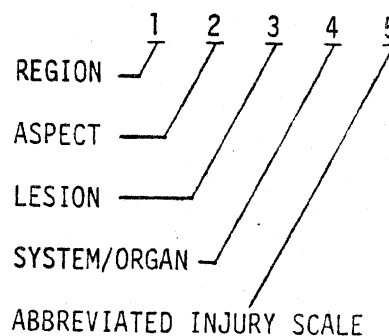
MISCELLANEOUS

- (38) Other (e.g., fire): **FIRE Extinguish**
- (98) Impact Force, "Whiplash," Hyperextension/Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
1 2 3 4 5 10 12

Role of Individual at First Impact **2**

- (0) Unknown **14**
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture **11**

- (10) Sitting on Seat **15**
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant **9**

- (0) None **17**
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test **1**

- (0) Unknown (999 Below) **18**
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

- (999) Unknown, No Results **19**
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

- (1) Yes, Type Unknown **22**
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped **0**

- (0) Unknown **23**
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational

- (0) Unknown if Operational **24**
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

- (1) Yes, Type Unknown **26**
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated

- (1) Yes **27**
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation

- (1) Yes, Area Unknown **28**
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

- (0) Unknown **29**
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

02
11

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0
12

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3
13

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

2
14

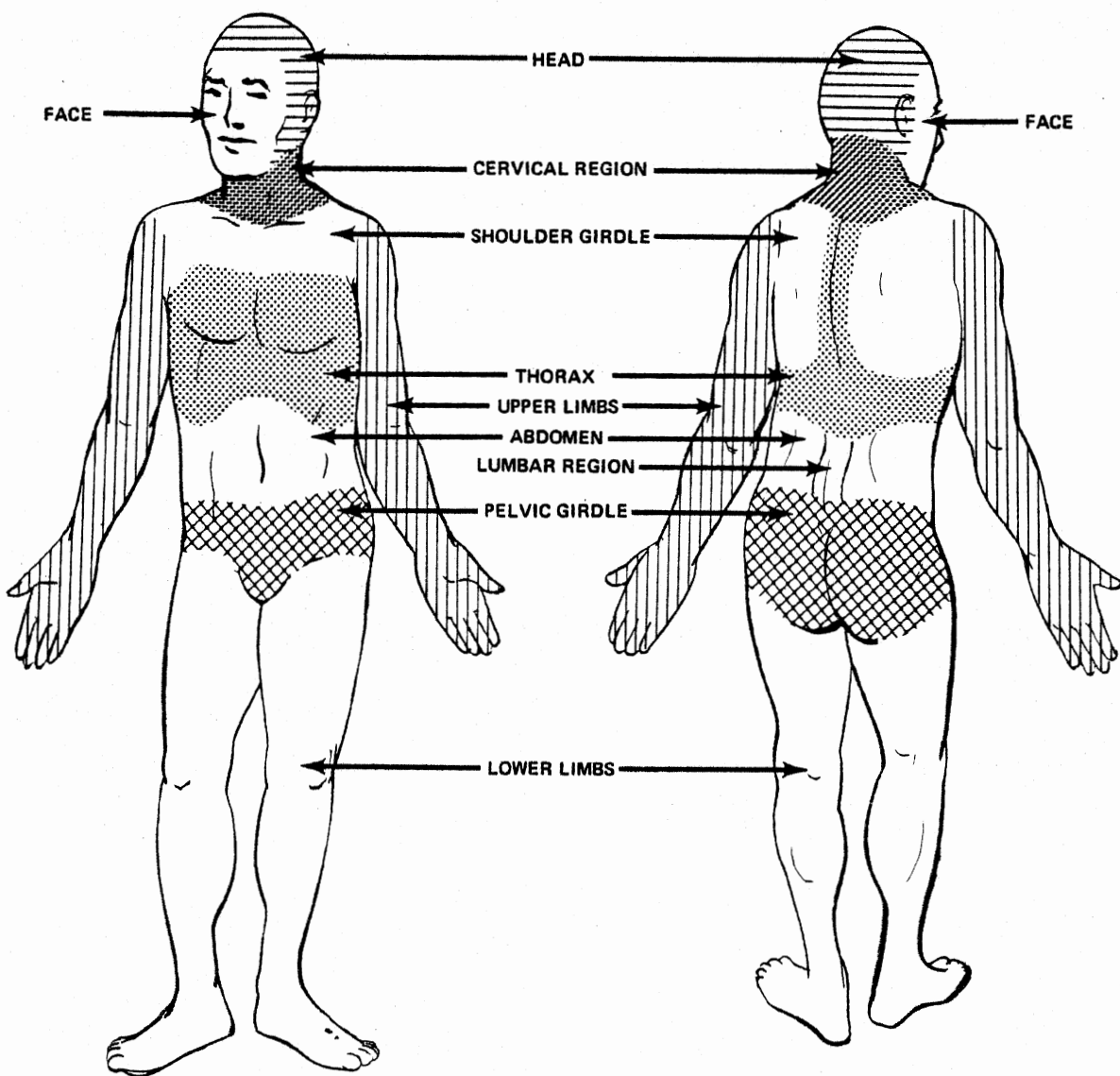
- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15. FOUR AREA(S) OF POSSIBLE CONTACT	PRIMARY OIC					ASSOCIATED OIC'S													
			BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY				
1-5	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D U P L I C A T E F R O M P R E C E D I N G C A R D	81	05 25					F	L	C	H	I										
	82	05 25					H	P	C	H	I										
	83	05 25					N	U	P	M	I										
	84	05 19 38					K	R	C	I	I										
	85																				
	86																				
	87																				
	88																				
	89																				
	90																				
91																					
92																					
93																					
94																					
95																					

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2. IF THERE IS MORE THAN **ONE** OCCUPANT , USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		1	11
		10	11
OCCUPANT NUMBER		<u>06</u>	12-13
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: <u>Row 1</u> (0) UNKNOWN		<u>7</u>	
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN		<u>8</u>	
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN		<u>1</u>	16
AGE YEARS, OR <u>15</u> MONTHS (INFANTS) to 24 months (ENTER "0"'S IF UNKNOWN)			17-18 19-20
WEIGHT, LBS. (ENTER "0"'S, IF UNKNOWN)		<u>155</u>	21-23
HEIGHT, INCHES (ENTER "0"'S, IF UNKNOWN)		<u>69</u>	24-25
SEX (4) Male (5) Female (6) Large Animal (0) Unknown		<u>4</u>	26
RESTRAINT SYSTEM			
LAP BELT			
EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
WORN CORRECTLY (1,2,3,0)*			29
LOCKING RETRACTOR (1,2,3,0)*			30
UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			
(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			31
Upper Torso Belt and/or Air Bag Used			
(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown			32
WORN CORRECTLY (1,2,3,0)*			33
INERTIA REEL (1,2,3,0)*			34
LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-36
TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			37
CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
CHILD RESTRAINT CODE (99 none)			38-39
			40
			41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
DEGREE OF EJECTION (2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN	<u>2</u>	42
AREA OF EJECTION (3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN	<u>3</u>	43
TREATMENT/MORTALITY (0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treat- ment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown	<u>1</u>	44
OVERALL SEVERITY OF INJURIES (USE 1976 AIS) (00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN	<u>02</u>	45-46
END OF CARD		

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

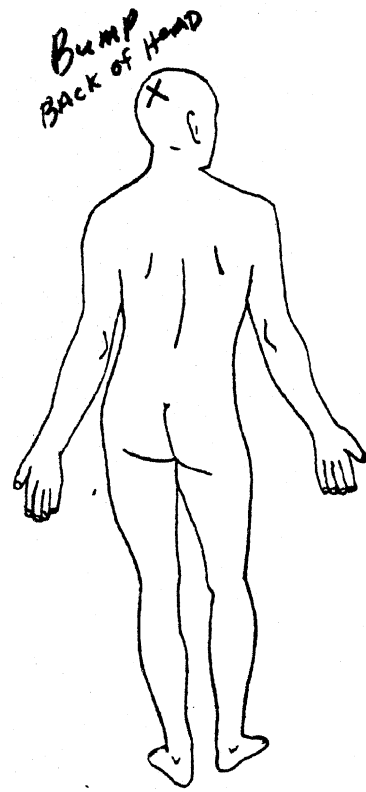
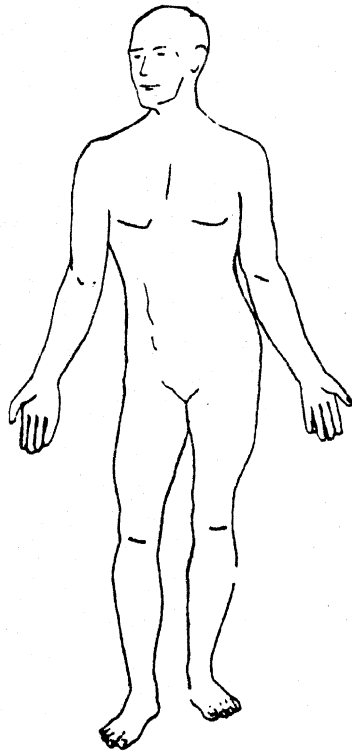
NOTES

Knocked UNCONSCIOUS - does not Remember

OCCUPANT

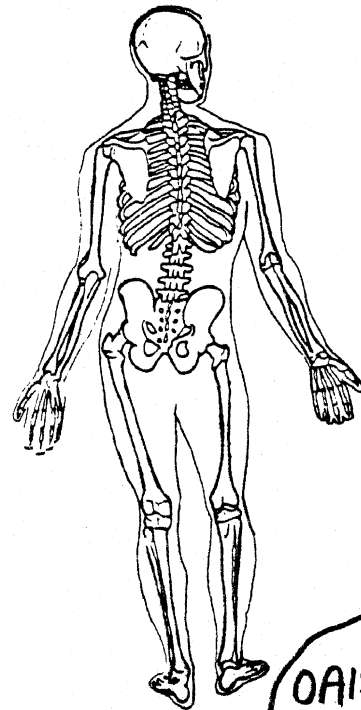
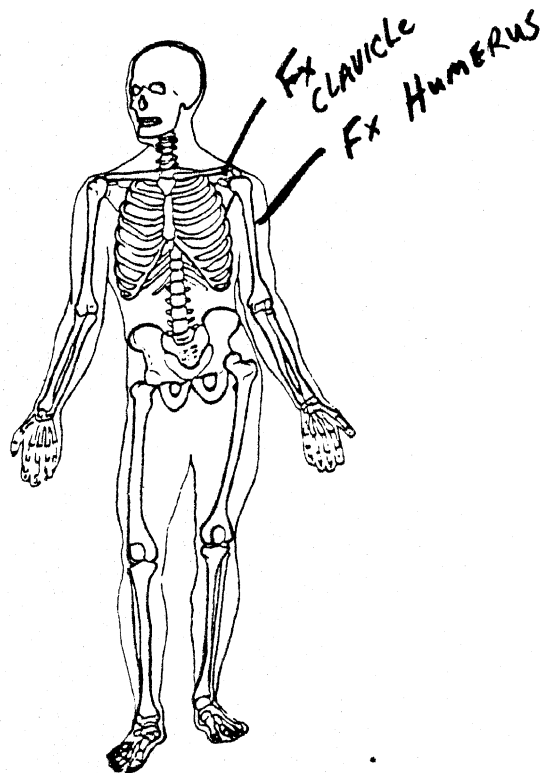
#06

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



OAIS = 2

SKELETAL INJURIES
Source of Information

Interview

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) in the starred (*) section. (See Page 30A for codes.)
6. Do not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT N.O.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	BURN	HEMORRHAGE	OTHER
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
	12	INTERNAL ORGANS														
	13	BRAIN														
DUPLICATE FROM PRECEDING CARD	14	FACE														
	15	HEAD	00				1		1							
	16	NECK (CERVICAL REGION)														
	17	SHOULDER GIRDLE	00				2	2								
	18	RIGHT UPPER LIMB														
	19	LEFT UPPER LIMB	00				2	2								
	20	CHEST & UPPER BACK (THORAX)														
	21	LOWER BACK (LUMBAR REGION)														
	22	ABDOMEN														
	23	PELVIC GIRDLE														
24	RIGHT LOWER LIMB															
25	LEFT LOWER LIMB															
26	WHOLE BODY															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

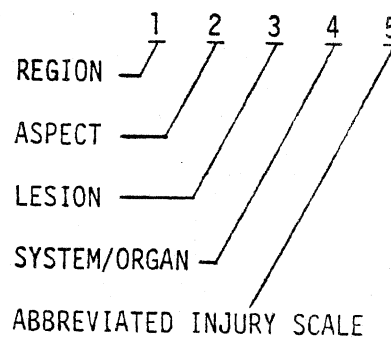
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
 1 2 3 4 5 10 12

Role of Individual at First Impact 2

- (0) Unknown 14
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture 10

- (10) Sitting on Seat 15
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant 9

- (0) None 17
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test 1

- (0) Unknown (999 Below) 18
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

- (999) Unknown, No Results 19
- (000) No Drinking or "k-Results" Record Actual MG %

Occupant Alcohol Test 22

- (1) Yes, Type Unknown 22
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped 0

- (0) Unknown 23
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational 24

- (0) Unknown if Operational 24
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable. Not Equipped

System Inhibited by:

- (4) Fastening Belts Together 'Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0) 25

Passive Restraint System Equipped 26

- (1) Yes, Type Unknown 26
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated 27

- (1) Yes 27
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation 28

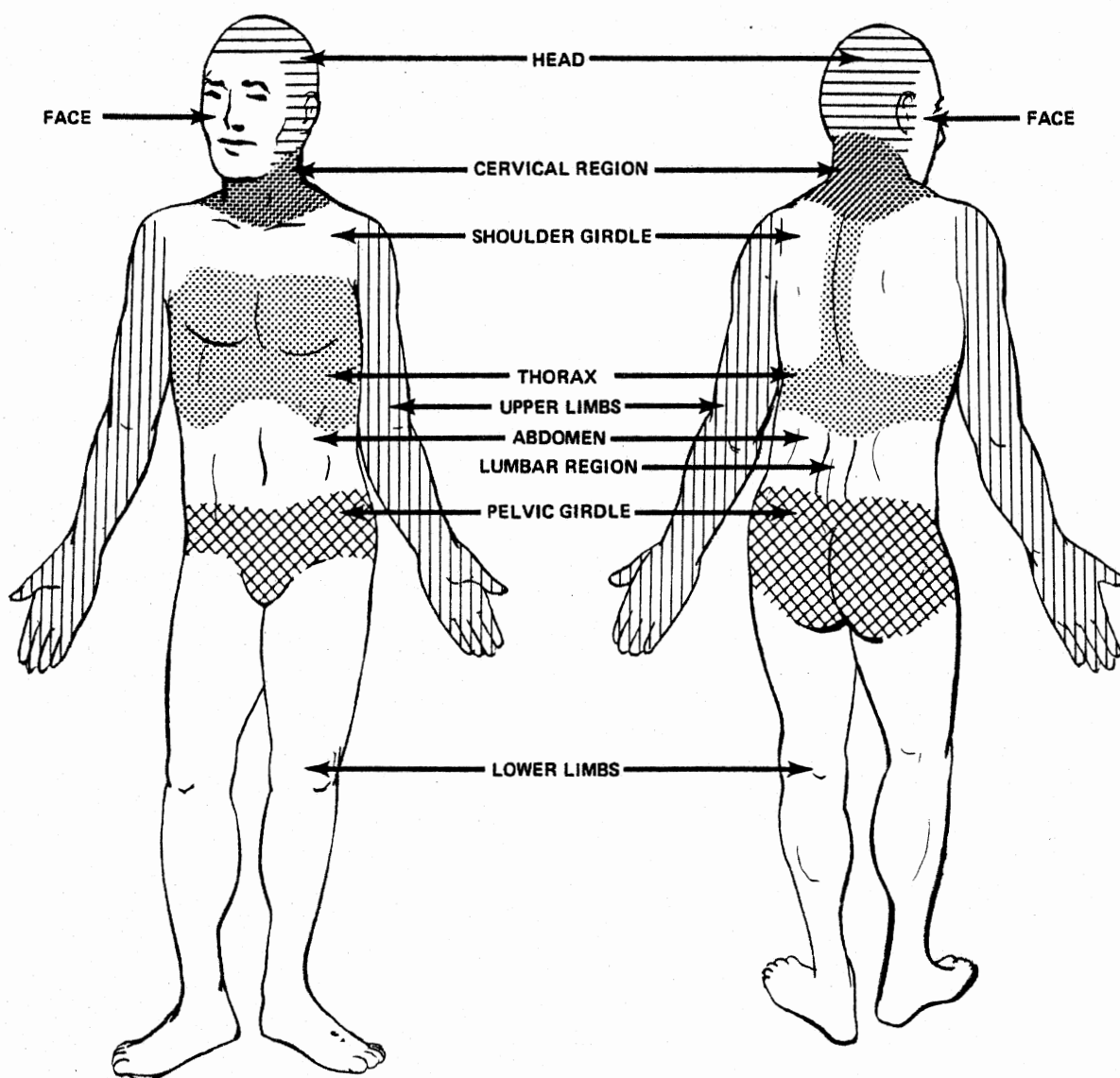
- (1) Yes, Area Unknown 28
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness 29

- (0) Unknown 29
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN **ONE** OCCUPANT , USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD <u>1</u> <u>1</u> 10 11			RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER	PUNCH CODE	CARD COL.	LAP BELT			
	<u>07</u>	12-13	EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: <u>Row 2</u> (0) UNKNOWN			WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
		<u>7</u>	WORN CORRECTLY (1,2,3,0)*		---	29
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN			LOCKING RETRACTOR (1,2,3,0)*		---	30
		<u>4</u>	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped		---	31
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN			(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped		---	32
		<u>1</u>	Upper Torso Belt and/or Air Bag Used		---	33
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0'S IF UNKNOWN)			(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown		---	34
		<u>10</u>	WORN CORRECTLY (1,2,3,0)*		---	35-36
WEIGHT, LBS. (ENTER "0'S, IF UNKNOWN)			INERTIA REEL (1,2,3,0)*		---	37
		<u>000</u>	LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE		---	38-39
HEIGHT, INCHES (ENTER "0'S, IF UNKNOWN)			TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown		---	40
		<u>56</u>	CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER		---	41
SEX (4) Male (5) Female (6) Large Animal (0) Unknown			CHILD RESTRAINT CODE (99 none)		---	
		<u>5</u>			---	

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
DEGREE OF EJECTION (2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN	<u>2</u>	42
AREA OF EJECTION (3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN	<u>3</u>	43
TREATMENT/MORTALITY (0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treat- ment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown	<u>1</u>	44
OVERALL SEVERITY OF INJURIES (USE 1976 AIS) (00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN	<u>01</u>	45-46
	END OF CARD	

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL
RECUPERATION AND TREATMENT FOR A PERIOD
OF AT LEAST ONE DAY. "HELD FOR OBSERVATION
ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN
THIS DEFINITION.

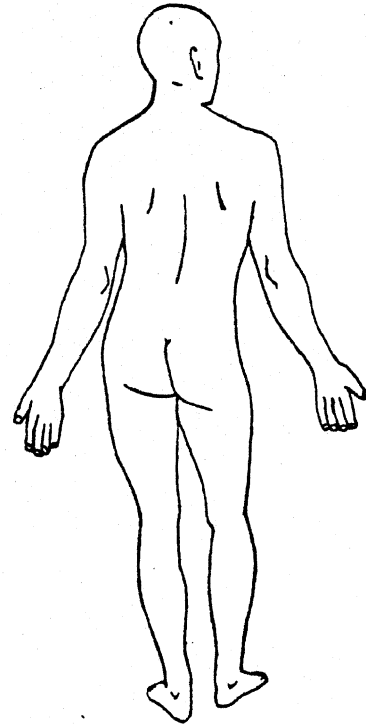
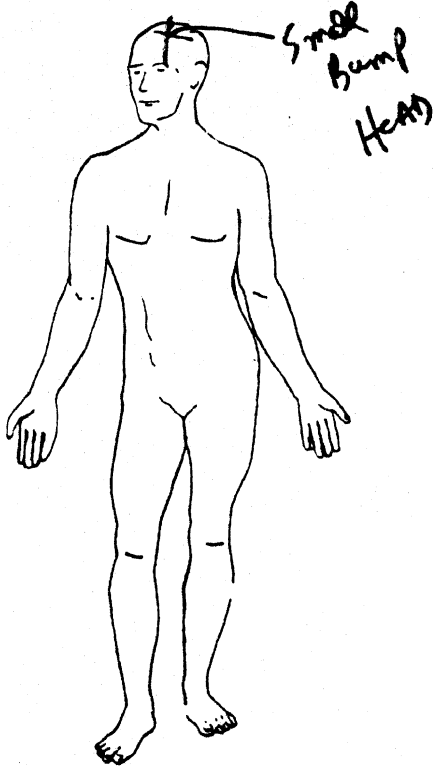
NOTES

Does not Remember Accident

OCCUPANT

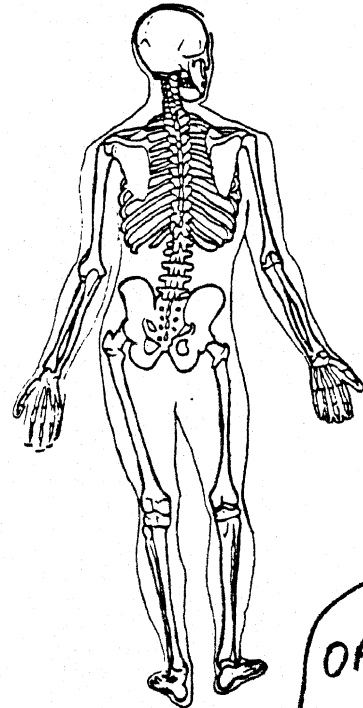
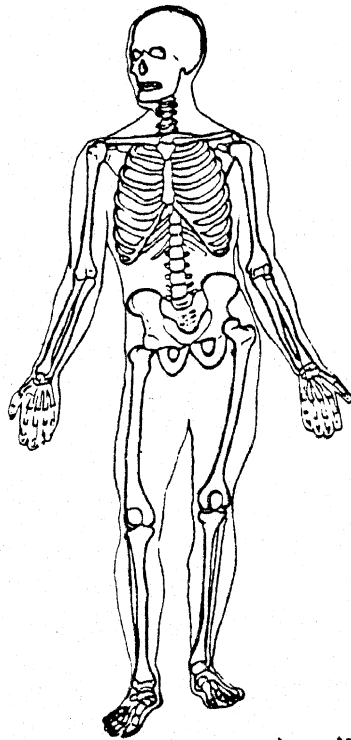
#07

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information

Interview

OAIS = 1

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

	C. A R D N U M B E R	O C C U P A N T N O.	B O D Y R E G I O N	★ E N T E R C O D E (S) F O R A R E (S) O F P O S S I B L E C O N T A C T				E N T E R S E V E R I T Y C O D E S										
								OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	BURN	HEMORRHAGE	OTHER	
	1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	
D U P L I C A T E D F R O M P R E C E D I N G C A R D		12	INTERNAL ORGANS															
		13	BRAIN															
		14	FACE															
		15	07 HEAD	00					1			1						
		16	NECK (CERVICAL REGION)															
		17	SHOULDER GIRDLE															
		18	RIGHT UPPER LIMB															
		19	LEFT UPPER LIMB															
		20	CHEST & UPPER BACK (THORAX)															
		21	LOWER BACK (LUMBAR REGION)															
		22	ABDOMEN															
		23	PELVIC GIRDLE															
		24	RIGHT LOWER LIMB															
	25	LEFT LOWER LIMB																
	26	WHOLE BODY																

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

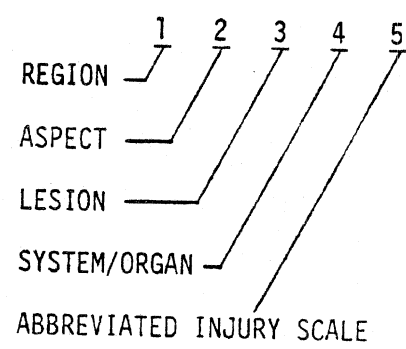
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____

CARD 8 0

OCCUPANT NUMBER _____

Role of Individual at First Impact

2
14

- (0) Unknown
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture

10
15

- (10) Sitting on Seat
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant

9
17

- (0) None
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test

1
18

- (0) Unknown (999 Below)
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

19

- (999) Unknown, No Results
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

22

- (1) Yes, Type Unknown
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped

0
23

- (0) Unknown
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational

24

- (0) Unknown if Operational
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

26

- (1) Yes, Type Unknown
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated

27

- (1) Yes
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation

28

- (1) Yes, Area Unknown
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

29

- (0) Unknown
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

02
11

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0
12

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3
13

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

1
14

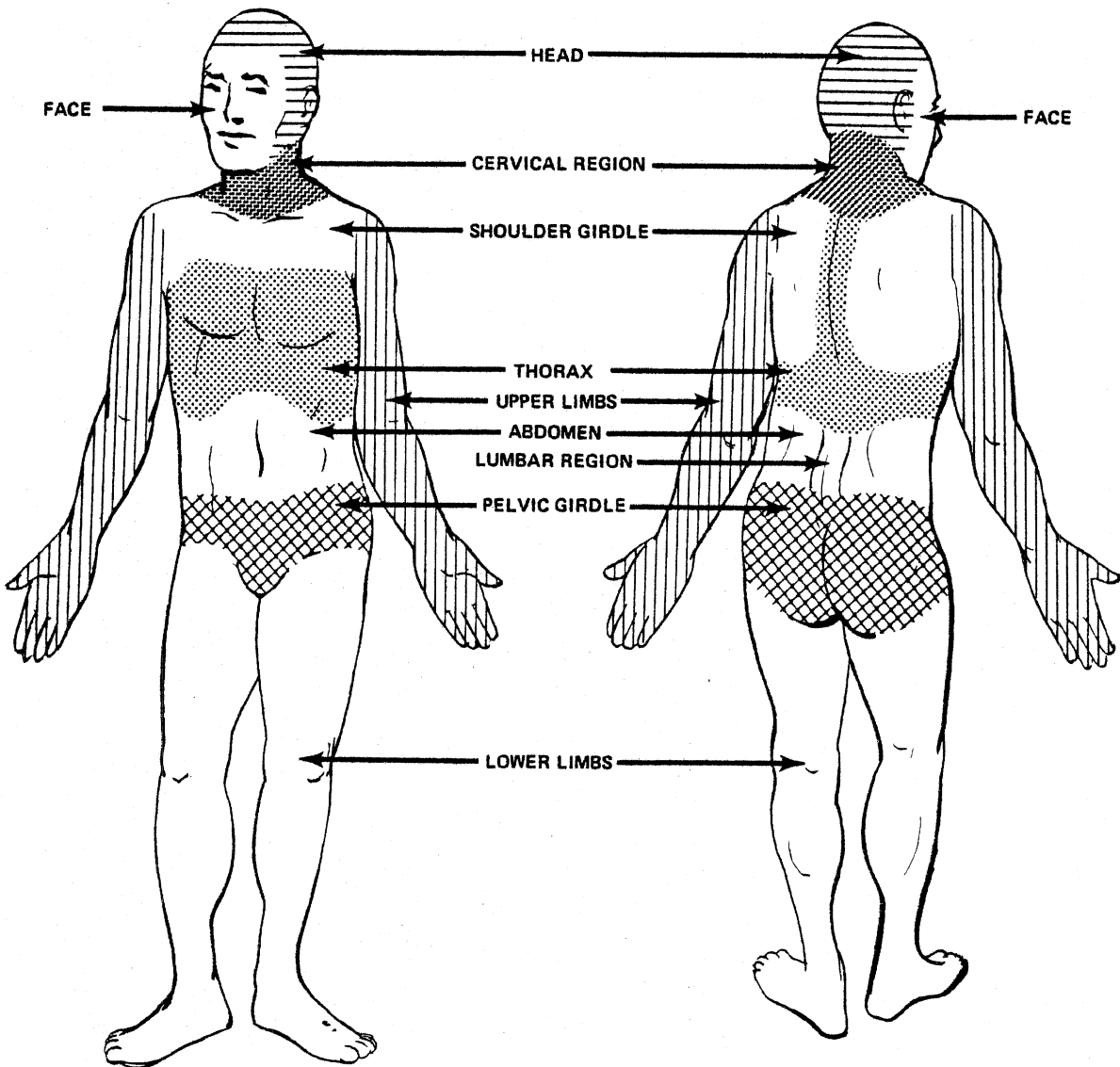
- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

1-5	C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.					PRIMARY OIC					ASSOCIATED OIC'S								
			FOUR AREA(S) OF POSSIBLE CONTACT					BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN
	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D U P L I C A T E F R O M P R E C E D I N G C A R D	81	07	00				H	U	C	I	I										
	82																				
	83																				
	84																				
	85																				
	86																				
	87																				
	88																				
	89																				
	90																				
	91																				
	92																				
	93																				
	94																				
	95																				

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN **ONE** OCCUPANT , USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCUPANT INFORMATION

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER	PUNCH CODE	08	12-13	LAP BELT			
	SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: <u>Row 2</u> (0) UNKNOWN		7	EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN		5		WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
	POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN		1	16	WORN CORRECTLY (1,2,3,0)*		
AGE YEARS, OR <u>14</u> MONTHS (INFANTS) to 24 months (ENTER "0'S IF UNKNOWN)			17-18	LOCKING RETRACTOR (1,2,3,0)*			30
WEIGHT, LBS. (ENTER "0'S, IF UNKNOWN)		108	21-23	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			31
HEIGHT, INCHES (ENTER "0'S, IF UNKNOWN)		60	24-25	Upper Torso Belt and/or Air Bag Used			32
SEX (4) Male (5) Female (6) Large Animal (0) Unknown		5	26	Upper Torso Belt and/or Air Bag Used			33
	LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			WORN CORRECTLY (1,2,3,0)*			34
TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 7-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown				INERTIA REEL (1,2,3,0)*			35-36
CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER				CHILD RESTRAINT CODE: (99 none)			38-39
							40
							41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p> <p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>2</u>	42
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>1</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>01</u>	45-46
	END OF CARD	

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

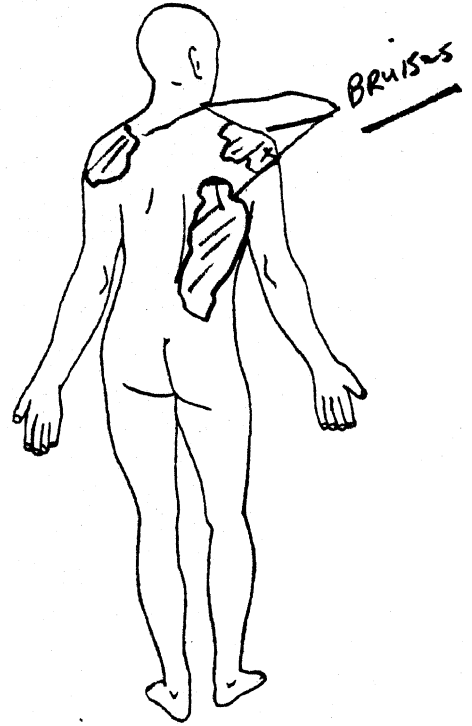
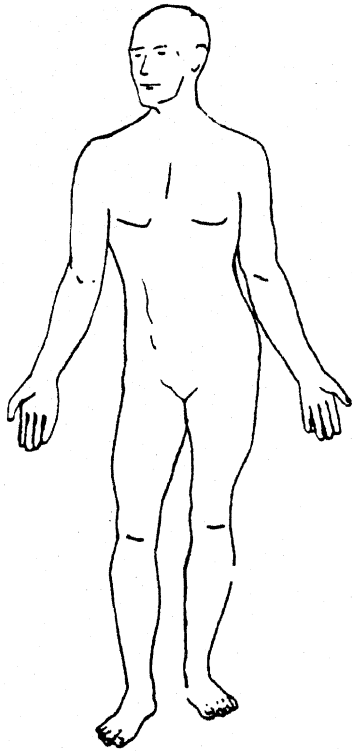
NOTES

thrown Forward toward Driver into DRIVERS AREA - Leg hit top of window - LANDED IN FRONT ROW - AS BUS CAME TO REST SHE LANDED over BY DOOR

OCCUPANT

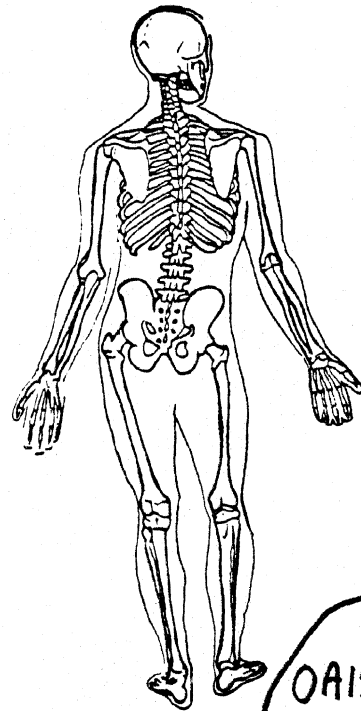
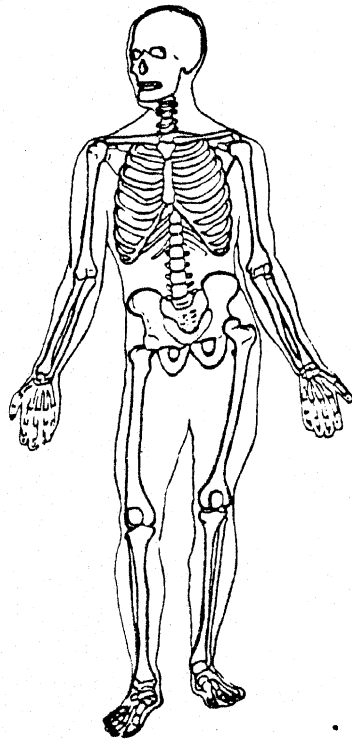
#08

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information

Interview

OAIS = 1

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) in the starred (*) section. (See Page 30A for codes.)
6. Do not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT N.O.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	HEMORRHAGE	BURN	OTHER
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
	12	INTERNAL ORGANS														
	13	BRAIN														
D U P L I C A T E F R O M P R E C E D I N G C A R D	14	FACE														
	15	HEAD														
	16	NECK (CERVICAL REGION)														
	17	08 SHOULDER GIRDLE	00					1			1					
	18	RIGHT UPPER LIMB														
	19	LEFT UPPER LIMB														
	20	08 CHEST & UPPER BACK (THORAX)	40					1			1					
	21	08 LOWER BACK (LUMBAR REGION)	40					1			1					
	22	ABDOMEN														
	23	PELVIC GIRDLE														
24	RIGHT LOWER LIMB															
25	LEFT LOWER LIMB															
26	WHOLE BODY															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Exterior Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

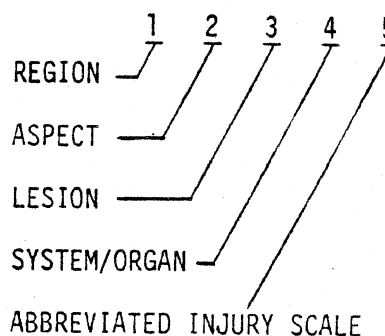
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
 1 2 3 4 5 6 7 8 9 10 11 12

Role of Individual at First Impact 2
 16
 (0) Unknown
 (1) Motor Vehicle Driver
 (2) Motor Vehicle Passenger (not driver)

Posture 10
 15
 (10) Sitting on Seat
 (11) Sitting on Seat in Abnormal Position
 (e.g., Feet on Dash, Sideways, Etc.)
 (12) Sitting on Console
 (20) On Lap or in Arms
 (30) Standing on Seat
 (40) Standing on Floor
 (47) Standing - External to Passenger
 Compartment
 (50) In Bassinet
 (60) In Child Seat
 (65) In Child Harness
 (70) Lying on Seat
 (80) Lying or Sitting on Passenger Floor
 (83) Lying or Sitting on Other Object in
 Passenger Compartment
 (85) On Station Wagon Cargo Floor or
 Fold Seat Back
 (87) Lying or Sitting - External to Passenger
 Compartment
 (98) Other: _____
 (00) Unknown

Non-Impact Medical Conditions for Each Occupant 9
 17
 (0) None
 (1) Yes - Time and Type Unknown
 (2) Pre-Crash Fatal (Clinical Death at Wheel)
 (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
 (4) Pregnant
 (5) Post-Crash Fatal (Drowning)
 (6) Post-Crash Non-Fatal Injury
 (8) Other: _____
 (9) Unknown

Occupant Alcohol Involvement/Test 1
 18
 (0) Unknown (999 Below)
 (1) No Test, Alcohol Not Suspected (000 Below)
 (2) No Test, Alcohol Indicated & No Test
 Requested (999 Below)
 (3) No Test, Test Requested & Refused
 (999 Below)
 (4) No Test, Reason Unknown & Alcohol
 Indicated (999 Below)
 (5) No Test, But Charged (DWI) Booked Drunk
 (6) No Test, Fled Scene
 (8) BAC Tested, Results Not Provided
 (999 Below)
 (9) BAC Tested and Results Reported (BAC
 Below)

Occupant Blood Alcohol Level (MG %)
 (999) Unknown, No Results
 (000) No Drinking or "-Results"
 Record Actual MG %

Occupant Alcohol Test
 (1) Yes, Type Unknown
 (2) None
 (4) Urine
 (5) Spinal
 (6) Breath
 (7) Blood
 (8) Other: _____
 (9) Several of Above
 (0) Unknown

Seat Belt Buzzer/Interlock Equipped 0
 23
 (0) Unknown
 (1) Equipped, Type Unknown
 (2) Not Equipped
 (4) Non-Cycled Buzzer
 (5) Ignition Interlock
 (6) 4-second buzzer (post-interlock)
 (9) Other: _____

Seat Belt Buzzer Operational 24
 (0) Unknown if Operational
 (1) Yes, Operational
 (2) Not Operational, Reason Unknown
 (3) Not Applicable. Not Equipped

System Inhibited by:
 (4) Fastening Belts Together 'Behind Occu-
 pant, Behind Seat, Under Seat, in
 Front of Seat, Etc.)
 (5) Disconnection, Removal, Intentional
 Destruction
 (6) Fixing in Pulled-out Position (Knotted,
 Twisted, Folded Back, Tucked into
 Seat, Hooked to Upper Belt, Etc.)
 (7) Temporarily Fixing (Sitting on Belt,
 Holding onto Belt, Hooked on Door,
 Etc.)
 (8) Letting it Buzz
 (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0) 25

Passive Restraint System Equipped 26
 (1) Yes, Type Unknown
 (2) No
 (4) Air Bag
 (5) Knee and Torso Restraint (e.g., VW)
 (9) Other: _____
 (0) Unknown

Activated 27
 (1) Yes
 (2) No
 (3) Not Applicable
 (0) Unknown

Restraint System Malfunction or Separation 28
 (1) Yes, Area Unknown
 (2) No
 (3) Not Applicable, No Restraints Equipped
 (4) At Buckle
 (5) In Webbing
 (6) At Anchorage
 (7) In Retractor
 (8) In Passive System
 (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System
 Effectiveness 29
 (0) Unknown
 (1) Reduced Injury Severity
 (2) Could Have Reduced Severity if Worn
 (Correctly)
 (3) No Opinion
 (4) Could Not Have Reduced Severity if Worn
 (5) Did Not Reduce Overall Severity
 (6) Did Increase Overall Severity
 (7) Would Have Increased Severity if Worn
 (8) More Restraints Would Have Been Better

Treatment/Mortality

02
11

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0
12

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3
13

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

1
14

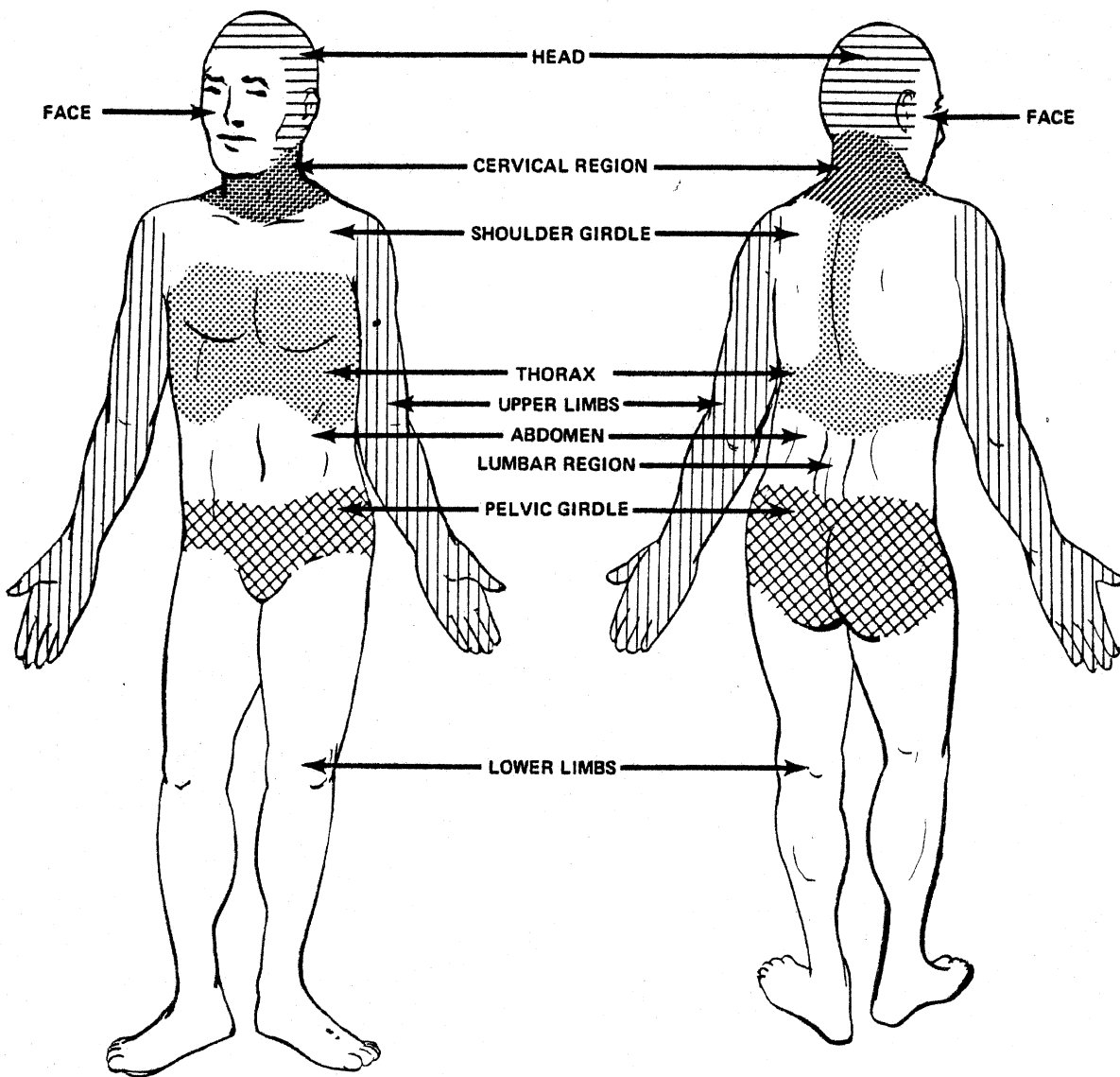
- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15. FOUR AREA(S) OF POSSIBLE CONTACT	PRIMARY OIC					ASSOCIATED OIC'S													
			BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY				
1-5	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D U P L I C A T E	81	08	00				S	B	C	I	I										
F R O M	82	08	40				B	R	C	I	I										
P R E C E D I N G	83	08	40				B	R	C	I	I										
C A R D	84																				
D	85																				
	86																				
	87																				
	88																				
	89																				
	90																				
	91																				
	92																				
	93																				
	94																				
	95																				

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN **ONE** OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD			10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER			09	12-13	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: <u>Row 2</u> (0) UNKNOWN			7		EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN			7		WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN			1	16	WORN CORRECTLY (1,2,3,0)*			29
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0"s IF UNKNOWN)			09	17-18	LOCKING RETRACTOR (1,2,3,0)*			30
WEIGHT, LBS. (ENTER "0"s, IF UNKNOWN)			065	21-23	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			31
HEIGHT, INCHES (ENTER "0"s, IF UNKNOWN)			54	24-25	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (3) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped Upper Torso Belt and/or Air Bag Used (1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (4) No Deployment or No Bag; Unknown if Worn (5) Deployment; Upper Belt Worn (6) Deployment; Upper Belt Not Worn (7) Deployment; No Upper Belt (9) Both Upper Torso Worn or Air Bag Deployed Unknown			32
SEX (4) Male (5) Female (6) Large Animal (0) Unknown			5	26	WORN CORRECTLY (1,2,3,0)*			33
					INERTIA REEL (1,2,3,0)*			34
					LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-36
					TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 6-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			37
					CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
					CHILD RESTRAINT CODE (99 none)			38-39
								40
								41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p>	<u>5</u>	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>8</u>	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>3</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>02</u>	45-46
	END OF CARD	

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

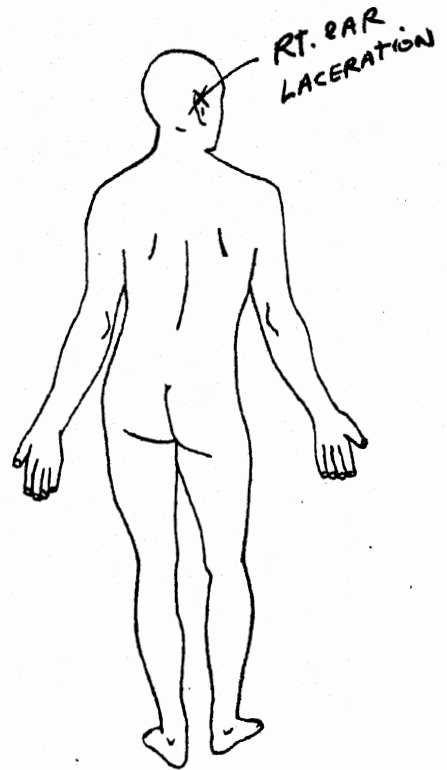
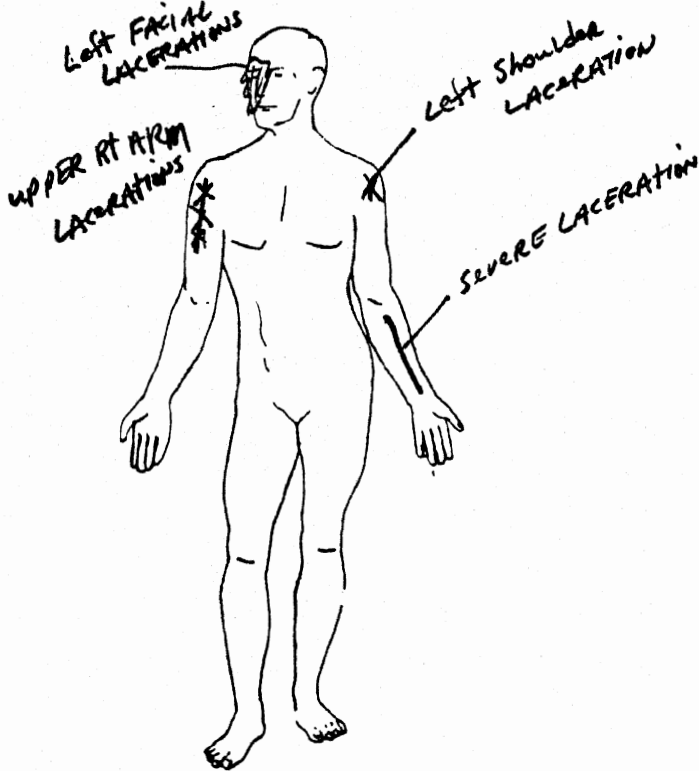
NOTES

Asleep at impact - thrown forward hit head on VAN engine cover - Ejected thru windshield - LANDED 20-30 ft. from final resting place of VAN

OCCUPANT

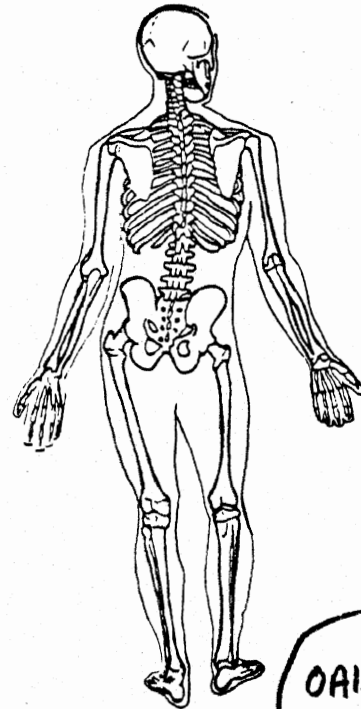
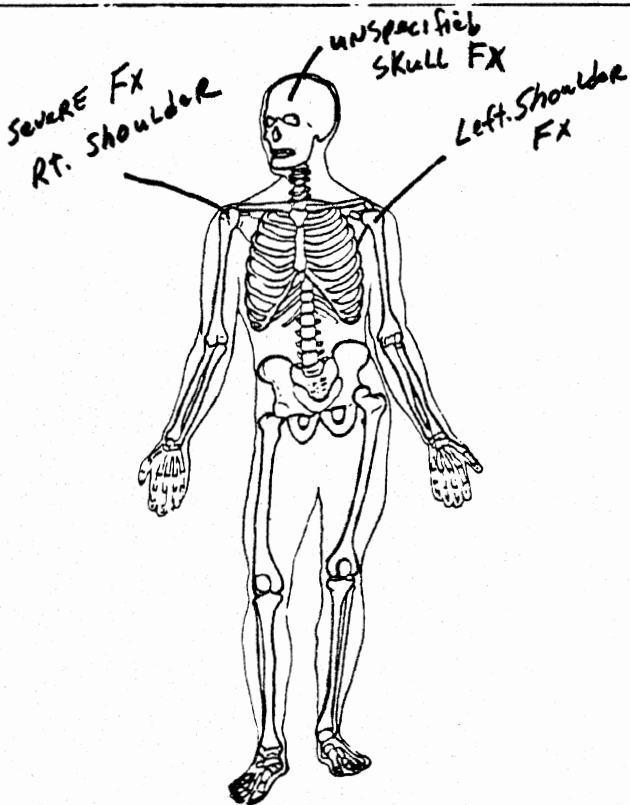
09

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



OAIS = 2

SKELETAL INJURIES
Source of Information

Interview

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

C A R D N U M B E R	O C C U P A N T N O.	B O D Y R E G I O N	★ E N T E R C O D E (S) F O R A R E (S) O F P O S S I B L E C O N T A C T				E N T E R S E V E R I T Y C O D E S										
							O V E R A L L I N J U R Y T O B O D Y R E G I O N	F R A C T U R E	L A C E R A T I O N	C O N F U S I O N	C O M P L A I N T O F P A I N	A B R A S I O N	C O N C U S I O N	B U R N	H E M O R R H A G E	O T H E R	
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	
	12		I N T E R N A L O R G A N S														
	13		B R A I N														
D U P L I C A T E F R O M P R E C E D I N G C A R D	14	09	F A C E	38	78			2	2								
	15	09	H E A D	38	78			2	2	1							
	16		N E C K (C E R V I C A L R E G I O N)														
	17	09	S H O U L D E R G I R D L E	54	12	78		2	2	1							
	18	09	R I G H T U P P E R L I M B	54	12	78		1	1								
	19	09	L E F T U P P E R L I M B	54	12	78		2	2								
	20		C H E S T & U P P E R B A C K (T H O R A X I)														
	21		L O W E R B A C K (L U M B A R R E G I O N)														
	22		A B D O M E N														
	23		P E L V I C G I R D L E														
24		R I G H T L O W E R L I M B															
25		L E F T L O W E R L I M B															
26		W H O L E B O D Y															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

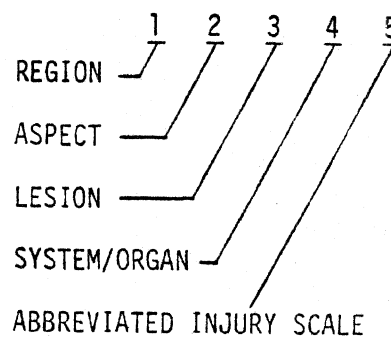
MISCELLANEOUS

- (38) Other (e.g., fire): VAN ENGINE COVER
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u>	<u>BODY REGION</u>	<u>2</u>	<u>ASPECT</u>	<u>3</u>	<u>LESION</u>
H	Head-Skull	R	Right	L	Laceration
F	Face	L	Left	C	Contusion
N	Neck	B	Bilateral	A	Abrasion
S	Shoulder	C	Central	F	Fracture
X	Upper Extremities	A	Anterior/Front	P	Pain
A	Arm (Upper)	P	Posterior/Back	K	Concussion
E	Elbow	S	Superior/Upper	H	Hemorrhage
R	Forearm	I	Inferior/Lower	V	Avulsion
W	Wrist-Hand	W	Whole Region	R	Rupture
C	Chest	U	Unknown	S	Sprain
M	Abdomen			D	Dislocation
B	Back			N	Crushing
P	Pelvic-Hip			M	Amputation
Y	Lower Extremities			B	Burn
T	Thigh			X	Asphyxia
K	Knee			O	Other
L	Leg (Lower)			U	Unknown
Q	Ankle-Foot				
O	Whole Body				
U	Unknown				

<u>4</u>	<u>SYSTEM/ORGAN</u>	<u>5</u>	<u>AIS</u>
S	Skeletal	0	None
V	Vertebrae	1	Minor
J	Joints	2	Moderate
D	Digestive	3	Severe
L	Liver	4	Serious
N	Nervous System	5	Critical
B	Brain	6	Maximum
C	Spinal Cord	9	Unknown
E	Eyes, Ears		
	Cardiovascular		
A	Arteries		
H	Heart		
Q	Spleen		
G	Urogenital		
K	Kidneys		
R	Respiratory		
P	Pulmonary, Lungs		
M	Muscles		
I	Integumentary		
W	All systems in region		
U	Unknown		



7 CASE I.D. NUMBER 8 0 OCCUPANT NUMBER
1 2 3 4 5 10 12

Role of Individual at First Impact

2
14

- (0) Unknown
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture

11
15

- (10) Sitting on Seat
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant

9
17

- (0) None
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test

1
18

- (0) Unknown (999 Below)
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

19

- (999) Unknown, No Results
- (000) No Drinking or "Results" Record Actual MG %

Occupant Alcohol Test

22

- (1) Yes, Type Unknown
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped

0
23

- (0) Unknown
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational

24

- (0) Unknown if Operational
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable. Not Equipped

System Inhibited by:

- (4) Fastening Belts Together (Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

26

- (1) Yes, Type Unknown
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated

27

- (1) Yes
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation

28

- (1) Yes, Area Unknown
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

29

- (0) Unknown
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

04
10

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0
12

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3
33

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

3
14

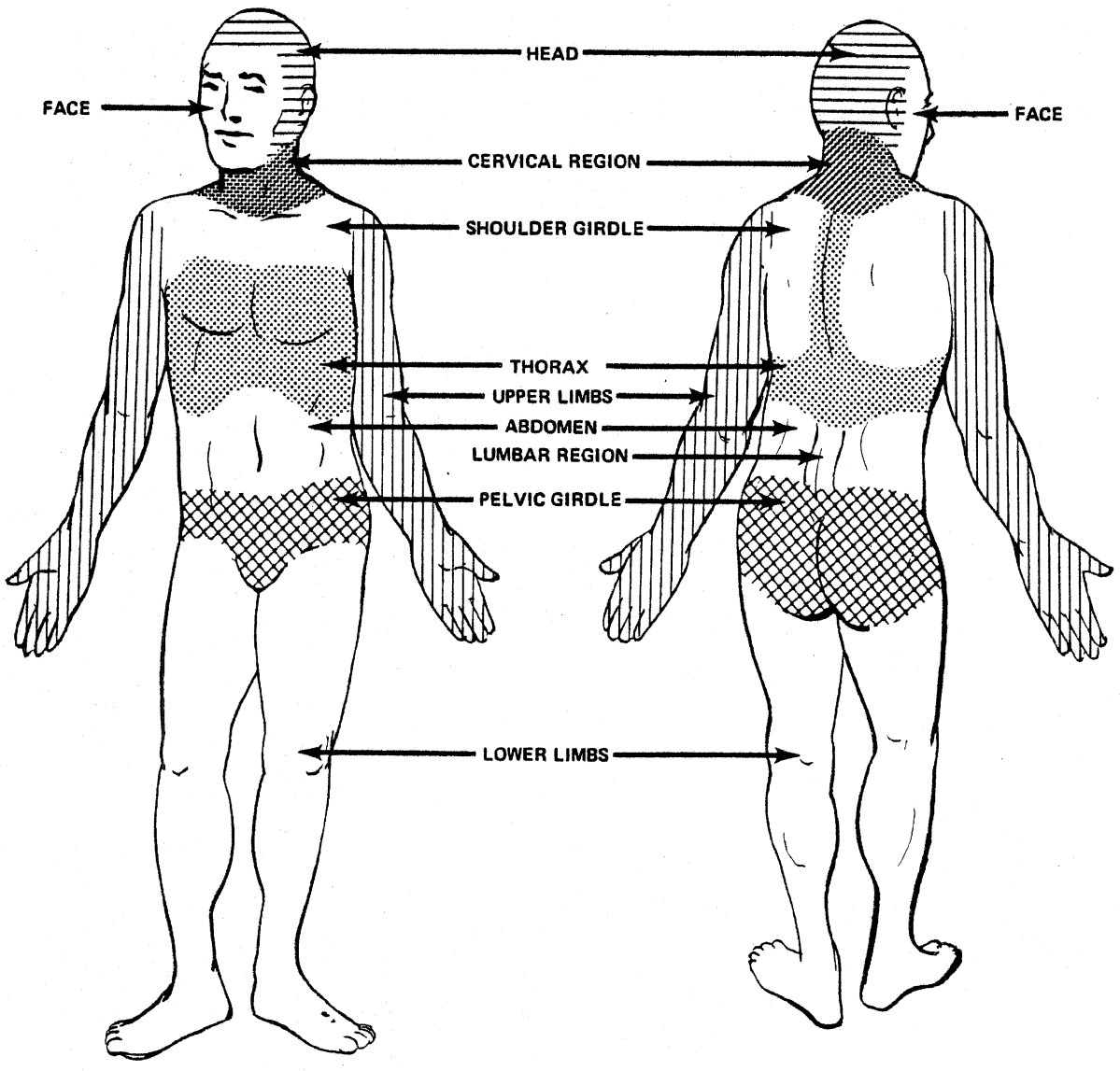
- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15. FOUR AREA(S) OF POSSIBLE CONTACT	PRIMARY OIC					ASSOCIATED OIC'S													
			BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY				
1-6	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D U P L I C A T E	81	09	38	78			F	L	L	M	2										
	82	09	38	78			H	U	F	S	2	H	R	L	E	1					
	83	09	54	12	78		S	R	F	S	2	S	L	F	S	2	S	L	L	M	1
	84	09	54	12	78		A	R	L	M	1										
	85	09	54	12	78		R	L	L	M	2										
F R O M	86																				
	87																				
P R E C E D I N G	88																				
	89																				
	90																				
C A R D	91																				
	92																				
	93																				
	94																				
	95																				

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD <u>1</u> <u>1</u> 10 11			RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER	PUNCH CODE	CARD COL.	LAP BELT			
	<u>10</u>	12-13	EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: <u>Row 2</u> (0) UNKNOWN		<u>7</u>	WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
			WORN CORRECTLY (1,2,3,0)*			29
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN		<u>8</u>	LOCKING RETRACTOR (1,2,3,0)*			30
			UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN		<u>4</u>	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			31
			Upper Torso Belt and/or Air Bag Used			
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)		<u>12</u>	(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown			32
			WORN CORRECTLY (1,2,3,0)*			33
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)		<u>---</u>	INERTIA REEL (1,2,3,0)*			34
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)		<u>54</u>	LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-36
SEX (4) Male (5) Female (6) Large Animal (0) Unknown		<u>4</u>	TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			37
			CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
			CHILD RESTRAINT CODE (99 none)			38-39
						40
						41

OCCUPANT

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION DEGREE OF EJECTION (2) NONE (4) PARTIAL (6) COMPLETE (0) UNKNOWN	PUNCH CODE	CARD COL.
	<u>5</u>	42
AREA OF EJECTION (3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN	PUNCH CODE	CARD COL.
	<u>6</u>	43
TREATMENT/MORTALITY (0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treat- ment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown	PUNCH CODE	CARD COL.
	<u>4</u>	44
OVERALL SEVERITY OF INJURIES (USE 1976 AIS) (00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN	PUNCH CODE	CARD COL.
	<u>06</u>	45-46
END OF CARD		

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

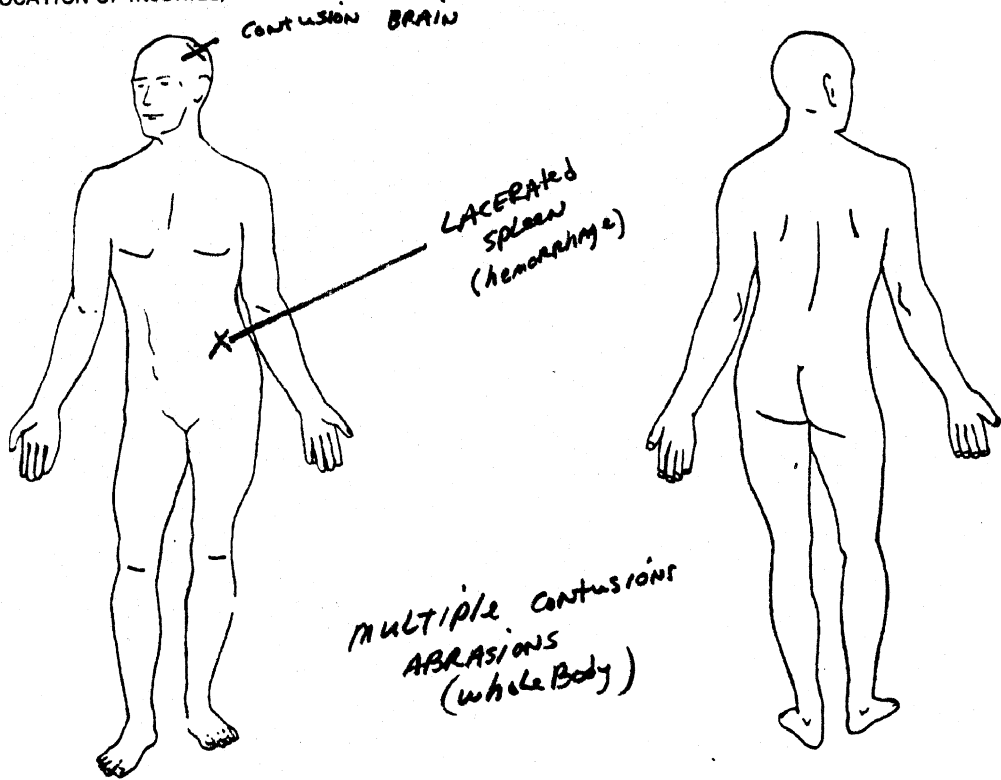
NOTES

Passenger had left seat and was in aisleway even with 2nd row
 of seats (across from door) when impact occurred —
 He was ejected from vehicle and killed

OCCUPANT

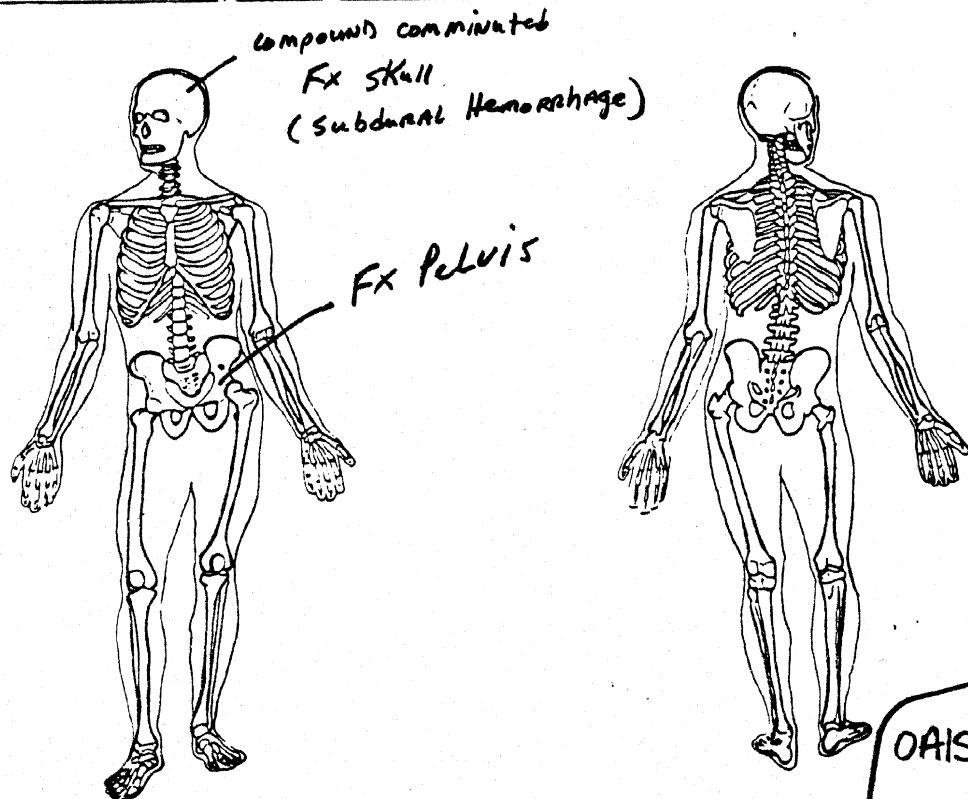
#10

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information

Autopsy Report

OAIS = 6

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT NO.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	HEMORRHAGE	BURN	OTHER
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
DUPLICATE FROM PRECEDING CARD	12	10	INTERNAL ORGANS	49	14	20	78	4		4						
	13	10	BRAIN	25	26	14	78	5			5					
	14		FACE													
	15	10	HEAD	25	26	14	78	4	4							
	16		NECK (CERVICAL REGION)													
	17		SHOULDER GIRDLE													
	18		RIGHT UPPER LIMB													
	19		LEFT UPPER LIMB													
	20		CHEST & UPPER BACK (THORAX)													
	21		LOWER BACK (LUMBAR REGION)													
	22		ABDOMEN													
	23	10	PELVIC GIRDLE	49	14	20	78	2	2							
	24		RIGHT LOWER LIMB													
25		LEFT LOWER LIMB														
26	10	WHOLE BODY	49	14	20	78	1			1		1				

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior *Door*
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

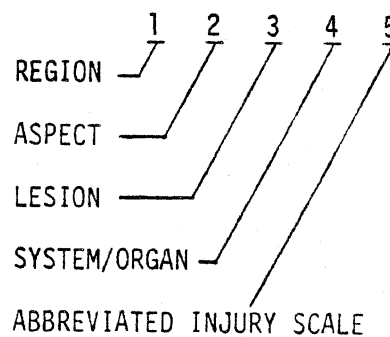
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER 8 0 CARD 8 0 OCCUPANT NUMBER 12

Role of Individual at First Impact

2
14

- (0) Unknown
(1) Motor Vehicle Driver
(2) Motor Vehicle Passenger (not driver)

Posture

40
15

- (10) Sitting on Seat
(11) Sitting on Seat in Abnormal Position
(12) Sitting on Console
(20) On Lap or in Arms
(30) Standing on Seat
(40) Standing on Floor
(47) Standing - External to Passenger Compartment
(50) In Bassinet
(60) In Child Seat
(65) In Child Harness
(70) Lying on Seat
(80) Lying or Sitting on Passenger Floor
(83) Lying or Sitting on Other Object in Passenger Compartment
(85) On Station Wagon Cargo Floor or Fold Seat Back
(87) Lying or Sitting - External to Passenger Compartment
(98) Other:
(00) Unknown

Non-Impact Medical Conditions for Each Occupant

9
17

- (0) None
(1) Yes - Time and Type Unknown
(2) Pre-Crash Fatal (Clinical Death at Wheel)
(3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
(4) Pregnant
(5) Post-Crash Fatal (Drowning)
(6) Post-Crash Non-Fatal Injury
(8) Other:
(9) Unknown

Occupant Alcohol Involvement/Test

1
18

- (0) Unknown (999 Below)
(1) No Test, Alcohol Not Suspected (000 Below)
(2) No Test, Alcohol Indicated & No Test Requested (999 Below)
(3) No Test, Test Requested & Refused (999 Below)
(4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
(5) No Test, But Charged (DWI) Booked Drunk
(6) No Test, Fled Scene
(8) BAC Tested, Results Not Provided (999 Below)
(9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

19

- (999) Unknown, No Results
(000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

22

- (1) Yes, Type Unknown
(2) None
(4) Urine
(5) Spinal
(6) Breath
(7) Blood
(8) Other:
(9) Several of Above
(0) Unknown

Seat Belt Buzzer/Interlock Equipped

0
23

- (0) Unknown
(1) Equipped, Type Unknown
(2) Not Equipped
(4) Non-Cycled Buzzer
(5) Ignition Interlock
(6) 4-second buzzer (post-interlock)
(9) Other:

Seat Belt Buzzer Operational

24

- (0) Unknown if Operational
(1) Yes, Operational
(2) Not Operational, Reason Unknown
(3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
(5) Disconnection, Removal, Intentional Destruction
(6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
(7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
(8) Letting it Buzz
(9) Other: (Defective)

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

26

- (1) Yes, Type Unknown
(2) No
(4) Air Bag
(5) Knee and Torso Restraint (e.g., VW)
(9) Other:
(0) Unknown

Activated

27

- (1) Yes
(2) No
(3) Not Applicable
(0) Unknown

Restraint System Malfunction or Separation

28

- (1) Yes, Area Unknown
(2) No
(3) Not Applicable, No Restraints Equipped
(4) At Buckle
(5) In Webbing
(6) At Anchorage
(7) In Retractor
(8) In Passive System
(0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

29

- (0) Unknown
(1) Reduced Injury Severity
(2) Could Have Reduced Severity if Worn (Correctly)
(3) No Opinion
(4) Could Not Have Reduced Severity if Worn
(5) Did Not Reduce Overall Severity
(6) Did Increase Overall Severity
(7) Would Have Increased Severity if Worn
(8) More Restraints Would Have Been Better

Treatment/Mortality

05

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - BOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

3

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

- (4) Exemplary Service

Autopsy Performed (0,1,2,3)

1

Overall Police Injury Severity (KABC)

(Note: Report Police Judgement)

33
K
14

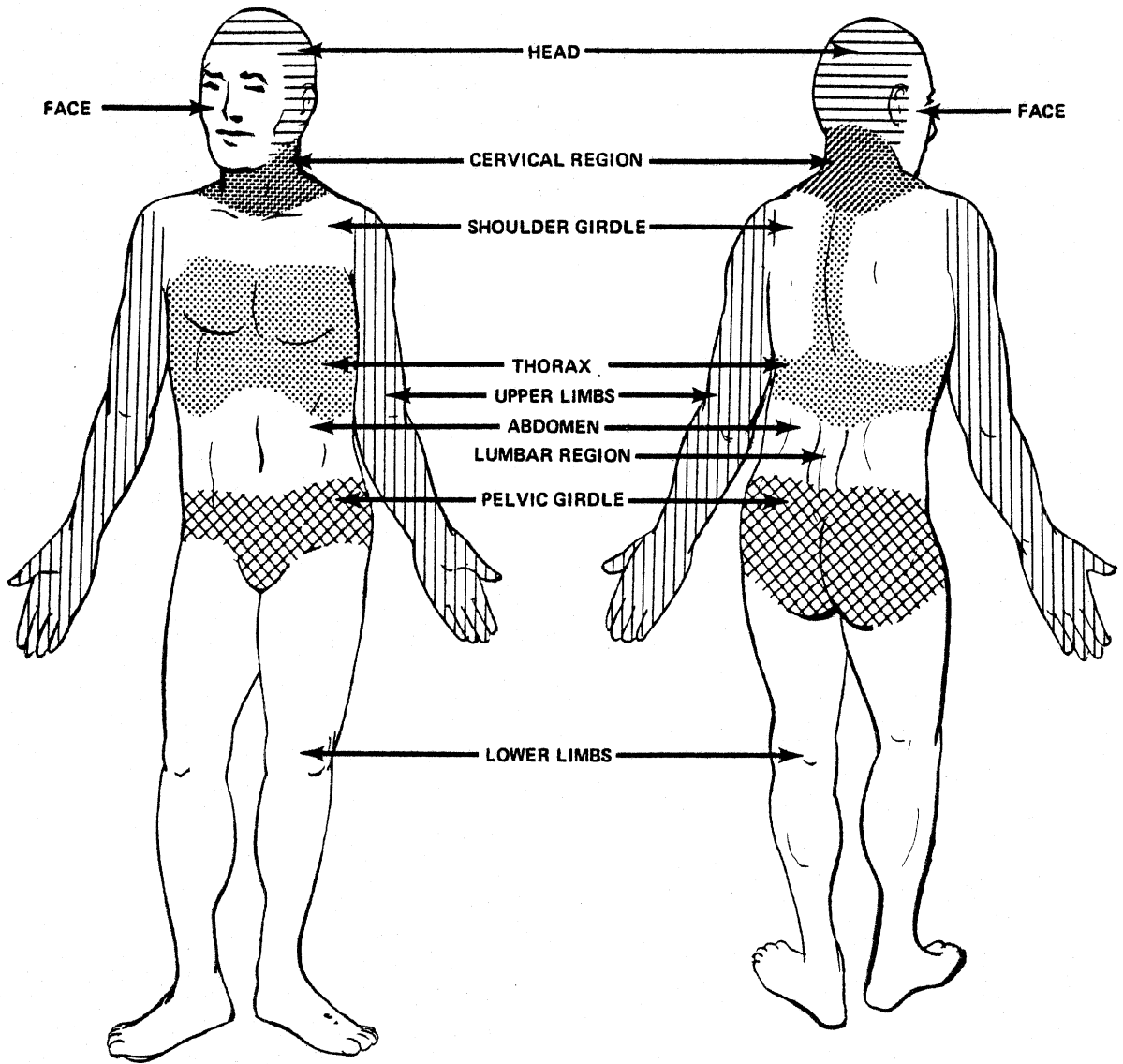
- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

I-E	C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.						PRIMARY OIC					ASSOCIATED OIC'S							
			FOUR AREA(S) OF POSSIBLE CONTACT						22	23	24	25	26	27	28	29	30	31	32	33	34
D	81	10	49	14	20	78	M	U	L	Q	4										
U	82	10	25	26	14	78	H	U	C	B	5										
P	83	10	25	26	14	78	H	U	F	S	4										
L	84	10	49	14	20	78	P	U	F	S	2										
C	85	10	49	14	20	78	O	W	A	I	1	O	W	C	I	1					
A	86																				
R	87																				
O	88																				
M	89																				
P	90																				
R	91																				
E	92																				
C	93																				
A	94																				
R	95																				

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN **ONE** OCCUPANT , USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD <u>1</u> <u>1</u> 10 11		
	PUNCH CODE	CARD COL.
OCCUPANT NUMBER	<u>11</u>	12-13
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD <u>Row 3</u> (7) OTHER: <u>7</u> (0) UNKNOWN		
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN	<u>4</u>	
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN	<u>1</u>	16
AGE YEARS, OR <u>08</u> 17-18 MONTHS (INFANTS) to 24 months <u>—</u> 19-20 (ENTER "0" S IF UNKNOWN)		
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN) <u>065</u>		21-23
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN) <u>54</u>		24-25
SEX (4) Male (5) Female (6) Large Animal (0) Unknown <u>4</u>		26

RESTRAINT SYSTEM	PUNCH CODE	CARD COL.
LAP BELT		
EQUIPPED FOR THIS POSITION (1,2,0)*	<u>1</u>	27
WORN BY OCCUPANT (1,2,3,0)*	<u>2</u>	28
WORN CORRECTLY (1,2,3,0)*	—	29
LOCKING RETRACTOR (1,2,3,0)*	—	30
UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped		
(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped		31
Upper Torso Belt and/or Air Bag Used		
(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown		32
WORN CORRECTLY (1,2,3,0)*	—	33
INERTIA REEL (1,2,3,0)*	—	34
LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE		35-36
TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown		37
CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER		
CHILD RESTRAINT CODE (99 none)		38-39
		40
		41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (6) COMPLETE (0) UNKNOWN</p>	<u>5</u>	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>1</u>	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>1</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>02</u>	45-46
	END OF CARD	

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

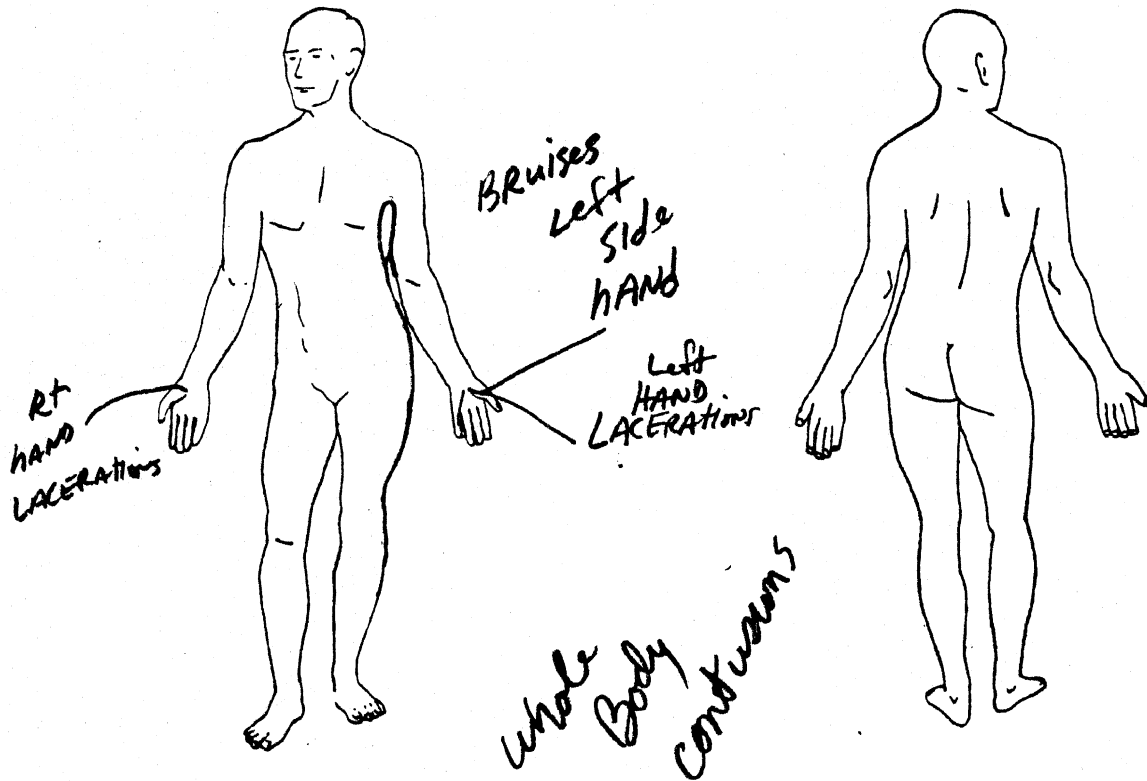
NOTES

Ejected from vehicle - landed 30-40 ft. from final resting place of VAN

OCCUPANT

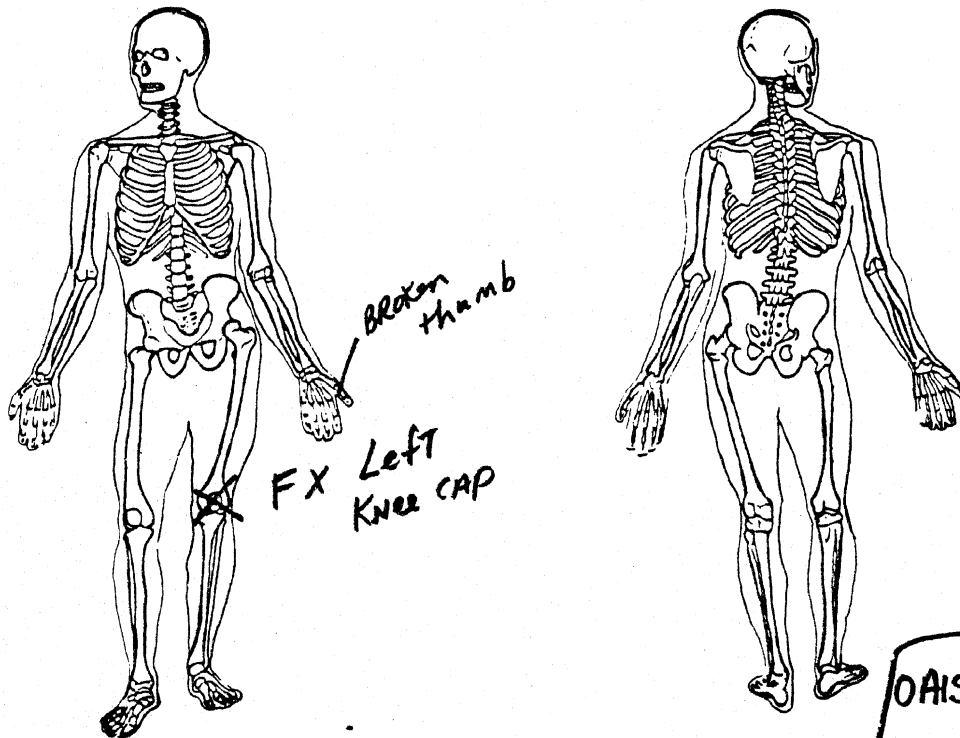
#11

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information

Interview

OAIS = 2

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT N.O.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES										
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	BURN	HEMORRHAGE	OTHER	
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	
	12	INTERNAL ORGANS															
	13	BRAIN															
D U P L I C A T E F R O M P R E C E D I N G C A R D	14	FACE															
	15	HEAD															
	16	NECK (CERVICAL REGION)															
	17	SHOULDER GIRDLE															
	18	RIGHT UPPER LIMB	11	22	21	78		1		1							
	19	LEFT UPPER LIMB	11	22	21	78		1	1	1	1						
	20	CHEST & UPPER BACK (THORAX)															
	21	LOWER BACK (LUMBAR REGION)															
	22	ABDOMEN															
	23	PELVIC GIRDLE															
	24	RIGHT LOWER LIMB															
	25	LEFT LOWER LIMB	11	21	78			2	2								
	26	WHOLE BODY	11	21	78			1			1						

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

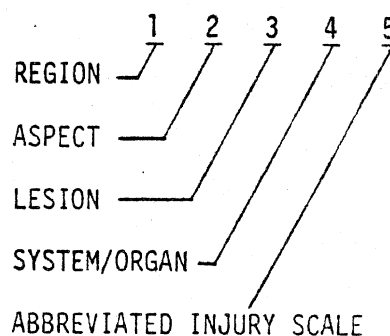
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



ABBREVIATED INJURY SCALE

7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
 1 2 3 4 5 6 7 8 9 10 11 12

Role of Individual at First Impact 2

- (0) Unknown 14
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture 10

- (10) Sitting on Seat 15
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant 9

- (0) None 17
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test 1

- (0) Unknown (999 Below) 18
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

- (999) Unknown, No Results 19
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test 22

- (1) Yes, Type Unknown
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped 0

- (0) Unknown 23
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational 24

- (0) Unknown if Operational
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable. Not Equipped

System Inhibited by:

- (4) Fastening Belts Together 'Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0) 25

Passive Restraint System Equipped 26

- (1) Yes, Type Unknown
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated 27

- (1) Yes
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation 28

- (1) Yes, Area Unknown
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness 29

- (0) Unknown
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

02

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

12

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

33

3

34

- (0) 0,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

CARD NUMBER	OCCUPANT NO.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.
		FOUR AREA(S) OF POSSIBLE CONTACT

1-6	10-11	12-13	14-15	16-17	18-19	20-21
D U P L I C A T E	81	11	22	21	78	
F R O M	82	11	22	21	78	
P R E C E D I N G	83	11	21	78		
C A R D	84	11	21	78		
	85					
	86					
	87					
	88					
	89					
	90					
	91					
	92					
	93					
	94					
	95					

PRIMARY OIC

ASSOCIATED OIC'S

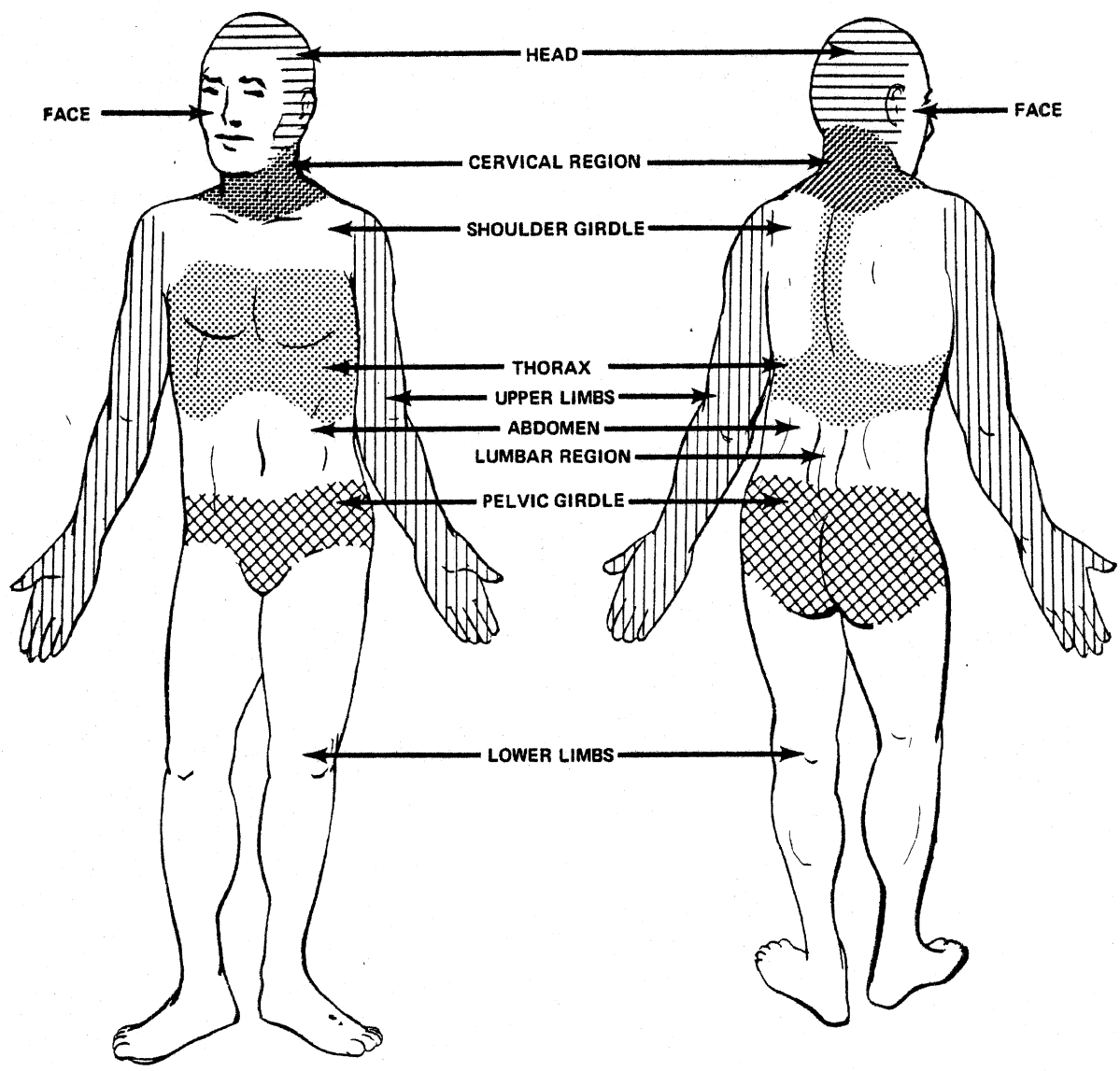
BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY
22	23	24	25	26
W	R	L	M	1
W	L	F	S	1
K	L	F	S	2
O	W	C	I	1

BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY
27	28	29	30	31
W	L	L	M	1

BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY
32	33	34	35	36
W	L	C	I	1

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER		1	2	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD <u>Row 3</u> (7) OTHER: (0) UNKNOWN				EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN				WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN				WORN CORRECTLY (1,2,3,0)*		---	29
AGE YEARS, OR MONTHS (INFANTS to 24 months) (ENTER "0'S IF UNKNOWN)				LOCKING RETRACTOR (1,2,3,0)*		---	30
WEIGHT, LBS. (ENTER "0'S, IF UNKNOWN)				UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			
HEIGHT, INCHES (ENTER "0'S, IF UNKNOWN)				(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			
SEX (4) Male (5) Female (6) Large Animal (0) Unknown				Upper Torso Belt and/or Air Bag Used			
				(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown			
				WORN CORRECTLY (1,2,3,0)*		---	32
				INERTIA REEL (1,2,3,0)*		---	34
				LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			
				TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. YW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			
				CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
				CHILD RESTRAINT CODE (99 none)		---	38-39
						---	40
						---	41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p>	5	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	1	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treat- ment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	1	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	02	45-46
	END OF CARD	

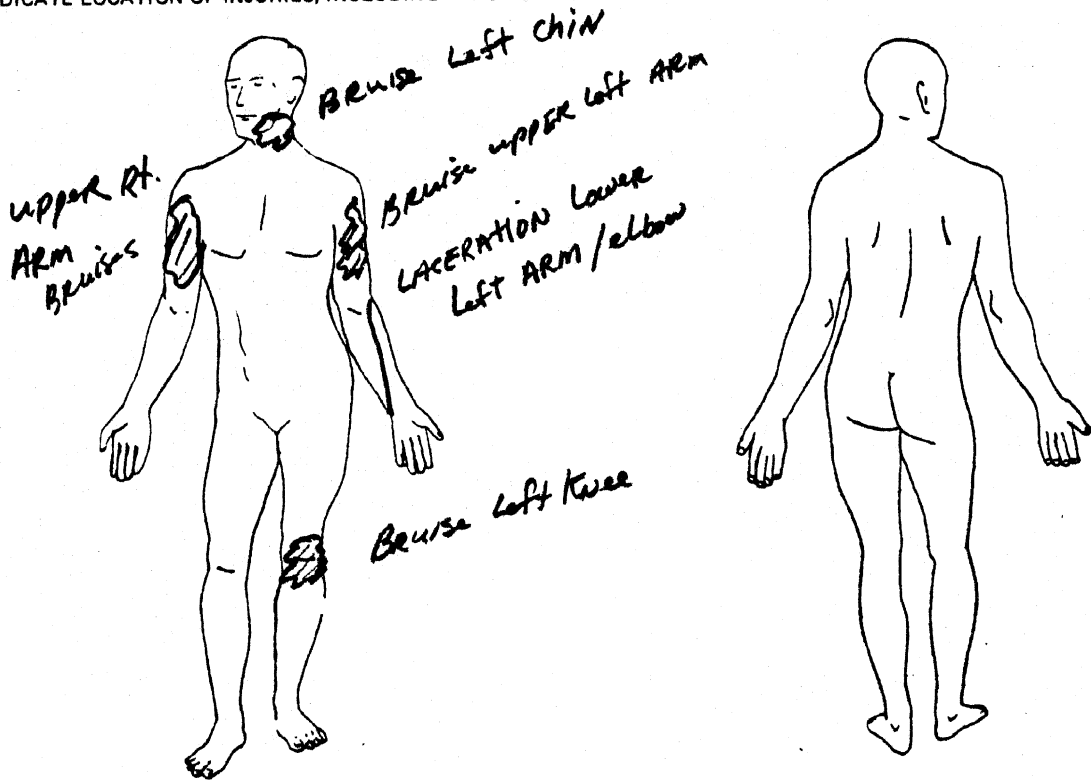
NOTES

OCCUPANT

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

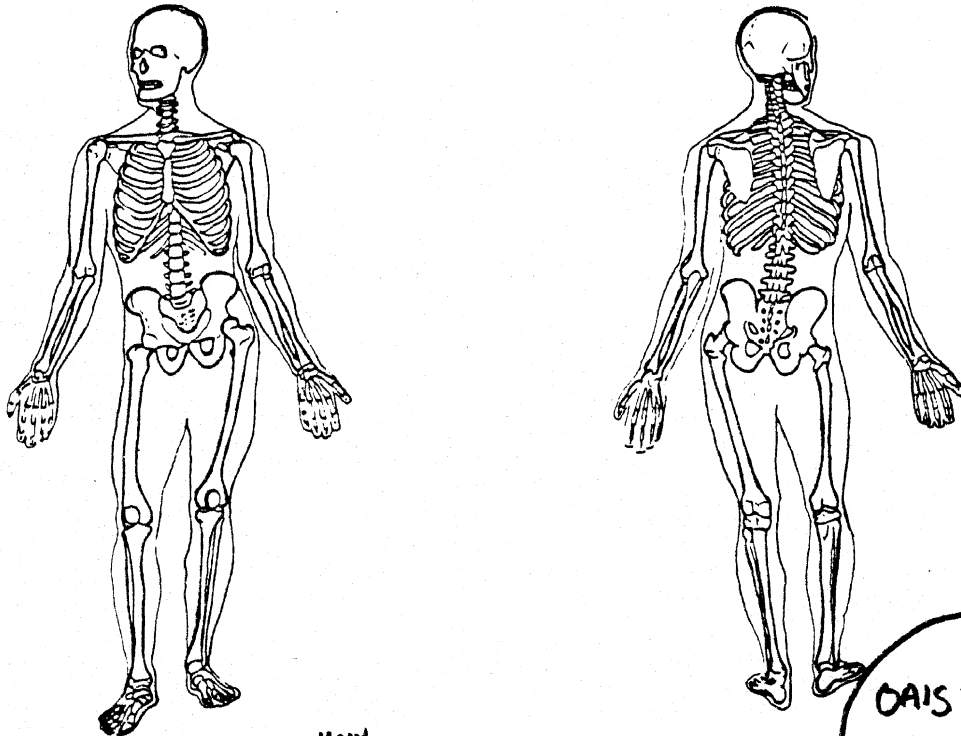
#12

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information

Interview

OASIS = 2

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

	C A R D N U M B E R	O C C U P A N T N O.	B O D Y R E G I O N	★ E N T E R C O D E (S) F O R A R E (S) O F P O S S I B L E C O N T A C T				E N T E R S E V E R I T Y C O D E S										
								14-15	16-17	18-19	20-21	22	23	24	25	26	27	28
	1-9	10-11	12-13					OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	HEMORRHAGE	BURN	OTHER	
D U P L I C A T E D F R O M P R E C E D I N G C A R D		12	INTERNAL ORGANS															
		13	BRAIN															
		14	12	FACE	21	78			1			1						
		15		HEAD														
		16		NECK (CERVICAL REGION)														
		17		SHOULDER GIRDLE														
		18	12	RIGHT UPPER LIMB	21	78			1			1						
		19	12	LEFT UPPER LIMB	22	21	78		2		2	1						
		20		CHEST & UPPER BACK (THORAX)														
		21		LOWER BACK (LUMBAR REGION)														
		22		ABDOMEN														
		23		PELVIC GIRDLE														
		24		RIGHT LOWER LIMB														
	25	12	LEFT LOWER LIMB	21	78			1			1							
	26		WHOLE BODY															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

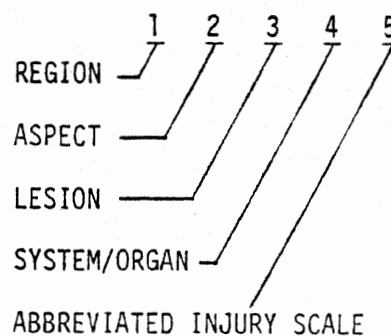
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> <u>BODY REGION</u>	<u>2</u> <u>ASPECT</u>	<u>3</u> <u>LESION</u>
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> <u>SYSTEM/ORGAN</u>	<u>5</u> <u>AIS</u>
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____
1 2 3 4 5 6 7 8 9

CARD 8 0 OCCUPANT NUMBER _____
10 11 12

Role of Individual at First Impact

2
14

- (0) Unknown
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture

10
15

- (10) Sitting on Seat
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant

9
17

- (0) None
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test

1
18

- (0) Unknown (999 Below)
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

19

- (999) Unknown, No Results
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

22

- (1) Yes, Type Unknown
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped

0
23

- (0) Unknown
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational

24

- (0) Unknown if Operational
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together (Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

26

- (1) Yes, Type Unknown
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated

27

- (1) Yes
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation

28

- (1) Yes, Area Unknown
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

29

- (0) Unknown
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

02
" "

EMS Contributory to Severity (0,1,2)

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

0
" "

3
" "

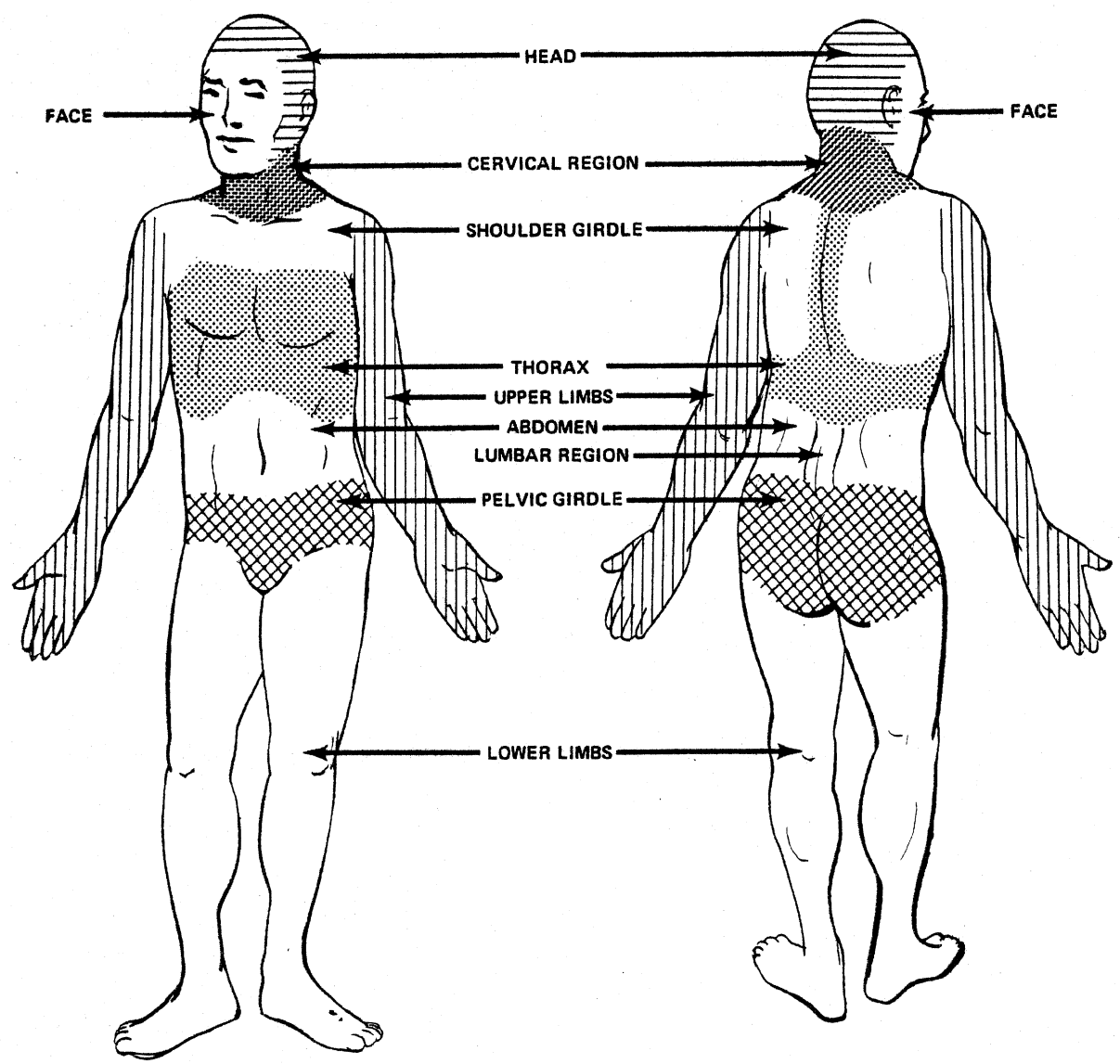
2
" "

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.					PRIMARY OIC					ASSOCIATED OIC'S										
		FOUR AREA(S) OF POSSIBLE CONTACT					BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	
1-9		10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D U P L I C A T E		81	12	21	78			F	L	C	I	1										
		82	12	21	78			A	R	C	I	1										
		83	12	22	21	78		A	L	C	I	1	E	L	L	I	2	R	L	L	I	2
		84	12	21	78			K	L	C	I	1										
		85																				
F R O M		86																				
		87																				
P R E C E D I N G		88																				
		89																				
		90																				
		91																				
		92																				
C A R D		93																				
		94																				
		95																				

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER		<u>13</u>	12-13	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD <u>Row 3</u> (7) OTHER: (0) UNKNOWN		<u>7</u>		EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN		<u>7</u>		WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN		<u>1</u>	16	WORN CORRECTLY (1,2,3,0)*			29
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)		<u>08</u>	17-18	LOCKING RETRACTOR (1,2,3,0)*			30
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)		<u>060</u>	21-23	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			31
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)		<u>52</u>	24-25	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped Upper Torso Belt and/or Air Bag Used (1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown WORN CORRECTLY (1,2,3,0)*			32
SEX (4) Male (5) Female (6) Large Animal (0) Unknown		<u>4</u>	26	INERTIA REEL (1,2,3,0)*			33
				LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			34
				TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			37
				CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
				CHILD RESTRAINT CODE (99 none)			38-39
							40
							41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p>	<u>2</u>	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>3</u>	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>1</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>01</u>	45-46
END OF CARD		

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECUPERATION AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

NOTES

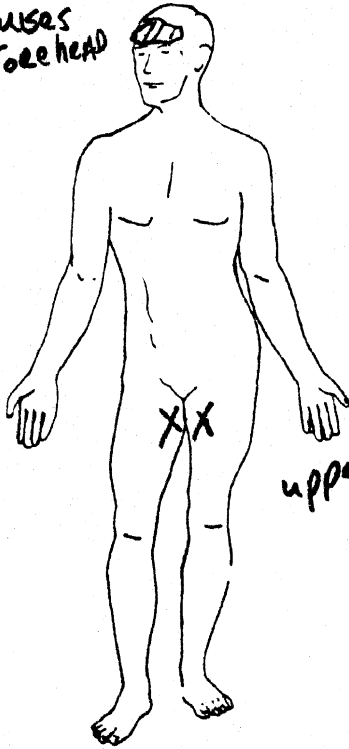
*Fell to Floor - held onto Seat Supports throughout Roll
 - while VAN WAS in Roll he possibly barged leg/gain
 against SEAT BACK*

OCCUPANT

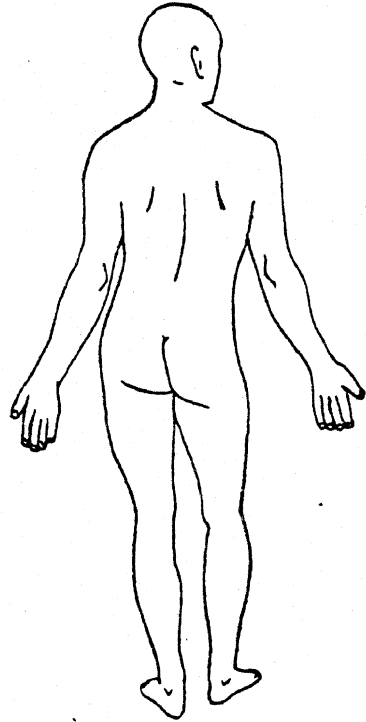
#13

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES

Bruises
Forehead

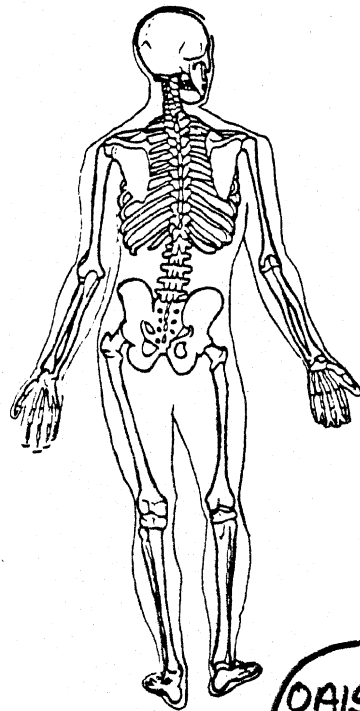
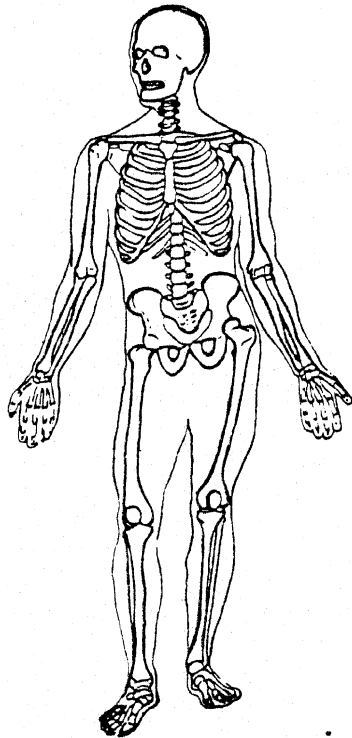


upper leg / groin
pain



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information

Interview

OAIS = 1

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT N.O.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	HEMORRHAGE	BURN	OTHER
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
	12	INTERNAL ORGANS														
	13	BRAIN														
D U P L I C A T E F R O M P R E C E D I N G C A R D	14	13 FACE	40				1			1						
	15	HEAD														
	16	NECK (CERVICAL REGION)														
	17	SHOULDER GIRDLE														
	18	RIGHT UPPER LIMB														
	19	LEFT UPPER LIMB														
	20	CHEST & UPPER BACK (THORAX)														
	21	LOWER BACK (LUMBAR REGION)														
	22	ABDOMEN														
	23	13 PELVIC GIRDLE	29					1			1					
24	13 RIGHT LOWER LIMB	29					1			1						
25	13 LEFT LOWER LIMB	29					1			1						
26	WHOLE BODY															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

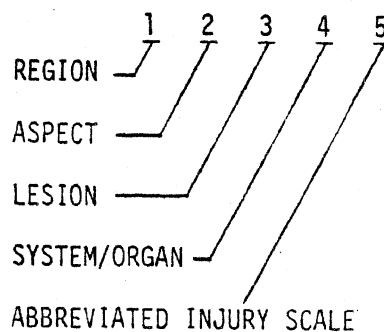
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER 1 2 3 4 5 6 7 8 9 10 CARD 8 0 OCCUPANT NUMBER 11 12

Role of Individual at First Impact

2
16

- (0) Unknown
(1) Motor Vehicle Driver
(2) Motor Vehicle Passenger (not driver)

Posture

10
15

- (10) Sitting on Seat
(11) Sitting on Seat in Abnormal Position
(12) Sitting on Console
(20) On Lap or in Arms
(30) Standing on Seat
(40) Standing on Floor
(47) Standing - External to Passenger Compartment
(50) In Bassinet
(60) In Child Seat
(65) In Child Harness
(70) Lying on Seat
(80) Lying or Sitting on Passenger Floor
(83) Lying or Sitting on Other Object in Passenger Compartment
(85) On Station Wagon Cargo Floor or Fold Seat Back
(87) Lying or Sitting - External to Passenger Compartment
(98) Other:
(00) Unknown

Non-Impact Medical Conditions for Each Occupant

9
17

- (0) None
(1) Yes - Time and Type Unknown
(2) Pre-Crash Fatal (Clinical Death at Wheel)
(3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
(4) Pregnant
(5) Post-Crash Fatal (Drowning)
(6) Post-Crash Non-Fatal Injury
(8) Other:
(9) Unknown

Occupant Alcohol Involvement/Test

1
18

- (0) Unknown (999 Below)
(1) No Test, Alcohol Not Suspected (000 Below)
(2) No Test, Alcohol Indicated & No Test Requested (999 Below)
(3) No Test, Test Requested & Refused (999 Below)
(4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
(5) No Test, But Charged (DWI) Booked Drunk
(6) No Test, Fled Scene
(8) BAC Tested, Results Not Provided (999 Below)
(9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

19

- (999) Unknown, No Results
(000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

22

- (1) Yes, Type Unknown
(2) None
(4) Urine
(5) Spinal
(6) Breath
(7) Blood
(8) Other:
(9) Several of Above
(0) Unknown

Seat Belt Buzzer/Interlock Equipped

0
23

- (0) Unknown
(1) Equipped, Type Unknown
(2) Not Equipped
(4) Non-Cycled Buzzer
(5) Ignition Interlock
(6) 4-second buzzer (post-interlock)
(9) Other:

Seat Belt Buzzer Operational

24

- (0) Unknown if Operational
(1) Yes, Operational
(2) Not Operational, Reason Unknown
(3) Not Applicable. Not Equipped

System Inhibited by:

- (4) Fastening Belts Together 'Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
(5) Disconnection, Removal, Intentional Destruction
(6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
(7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
(8) Letting it Buzz
(9) Other: (Defective)

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

26

- (1) Yes, Type Unknown
(2) No
(4) Air Bag
(5) Knee and Torso Restraint (e.g., VW)
(9) Other:
(0) Unknown

Activated

27

- (1) Yes
(2) No
(3) Not Applicable
(0) Unknown

Restraint System Malfunction or Separation

28

- (1) Yes, Area Unknown
(2) No
(3) Not Applicable, No Restraints Equipped
(4) At Buckle
(5) In Webbing
(6) At Anchorage
(7) In Retractor
(8) In Passive System
(0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

29

- (0) Unknown
(1) Reduced Injury Severity
(2) Could Have Reduced Severity if Worn (Correctly)
(3) No Opinion
(4) Could Not Have Reduced Severity if Worn
(5) Did Not Reduce Overall Severity
(6) Did Increase Overall Severity
(7) Would Have Increased Severity if Worn
(8) More Restraints Would Have Been Better

Treatment/Mortality

02
10

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0
12

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3
13

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

1
14

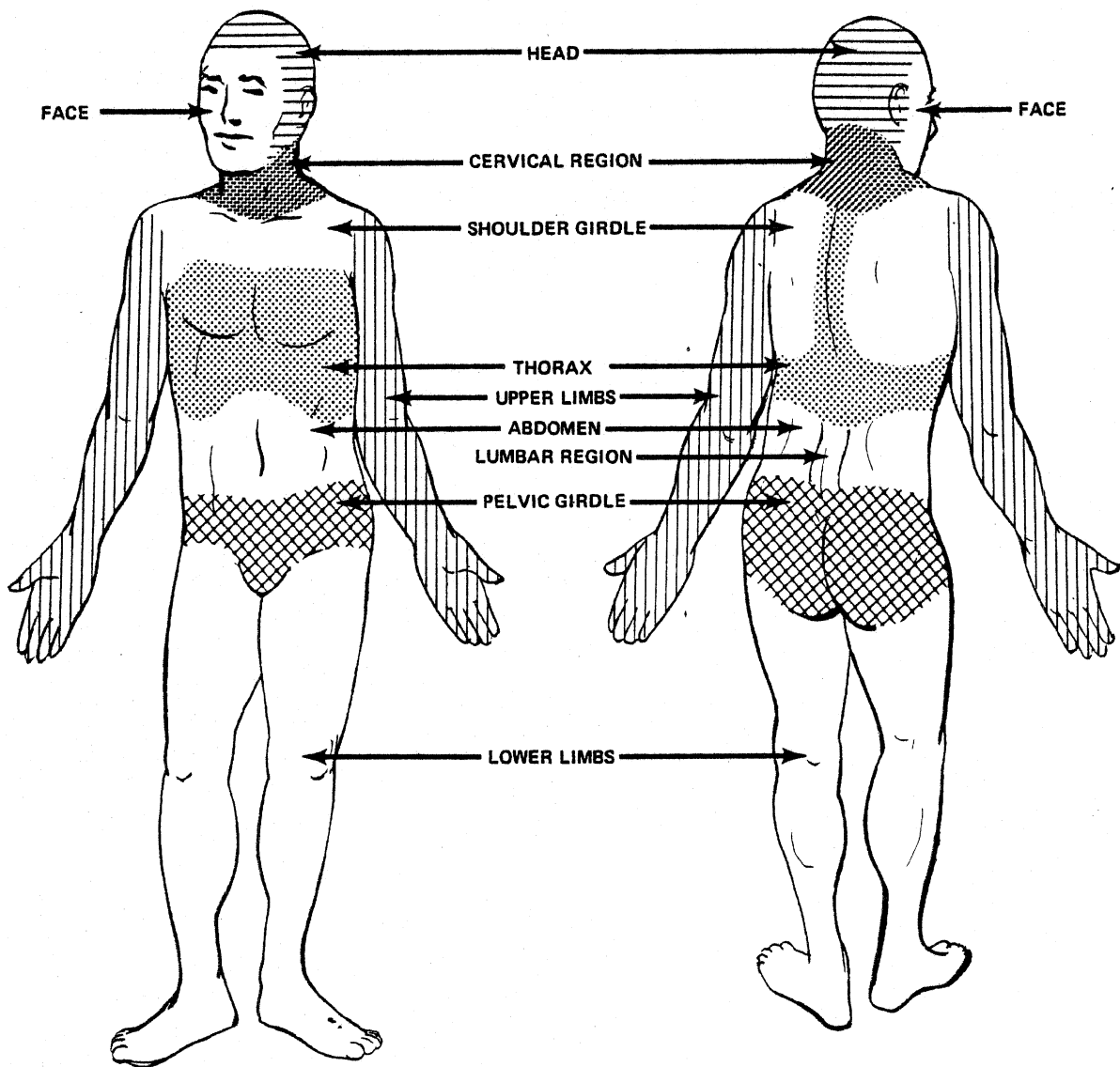
- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.					PRIMARY OIC					ASSOCIATED OIC'S										
		FOUR AREA(S) OF POSSIBLE CONTACT					BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	
1-8	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
D U P L I C A T E F R O M P R E C E D I N G C A R D	81	13	40				F	S	C	I	I											
	82	13	29				P	A	P	M	I											
	83	13	29				T	R	P	M	I											
	84	13	29				T	L	P	M	I											
	85																					
	86																					
	87																					
	88																					
	89																					
	90																					
91																						
92																						
93																						
94																						
95																						

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER		<u>14</u>	12-13	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD <u>Row 3</u> (7) OTHER: (0) UNKNOWN		<u>7</u>		EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN		<u>8</u>		WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN		<u>1</u>	16	WORN CORRECTLY (1,2,3,0)*			29
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)		<u>12</u>	17-18	LOCKING RETRACTOR (1,2,3,0)*			30
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)		<u>112</u>	21-23	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)		<u>59</u>	24-25	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (3) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			31
SEX (4) Male (5) Female (6) Large Animal (0) Unknown		<u>4</u>	26	Upper Torso Belt and/or Air Bag Used (1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown			32
				WORN CORRECTLY (1,2,3,0)*			33
				INERTIA REEL (1,2,3,0)*			34
				LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-36
				TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			37
				CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
				CHILD RESTRAINT CODE (99 none)			38-39
							40
							41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
DEGREE OF EJECTION (2) NONE (4) PARTIAL (6) COMPLETE (0) UNKNOWN	<u>5</u>	42
AREA OF EJECTION (3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN	<u>2</u>	43
TREATMENT/MORTALITY (0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown	<u>3</u>	44
OVERALL SEVERITY OF INJURIES (USE 1976 AIS) (00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN	<u>05</u>	45-46
	END OF CARD	

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECUPERATION AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

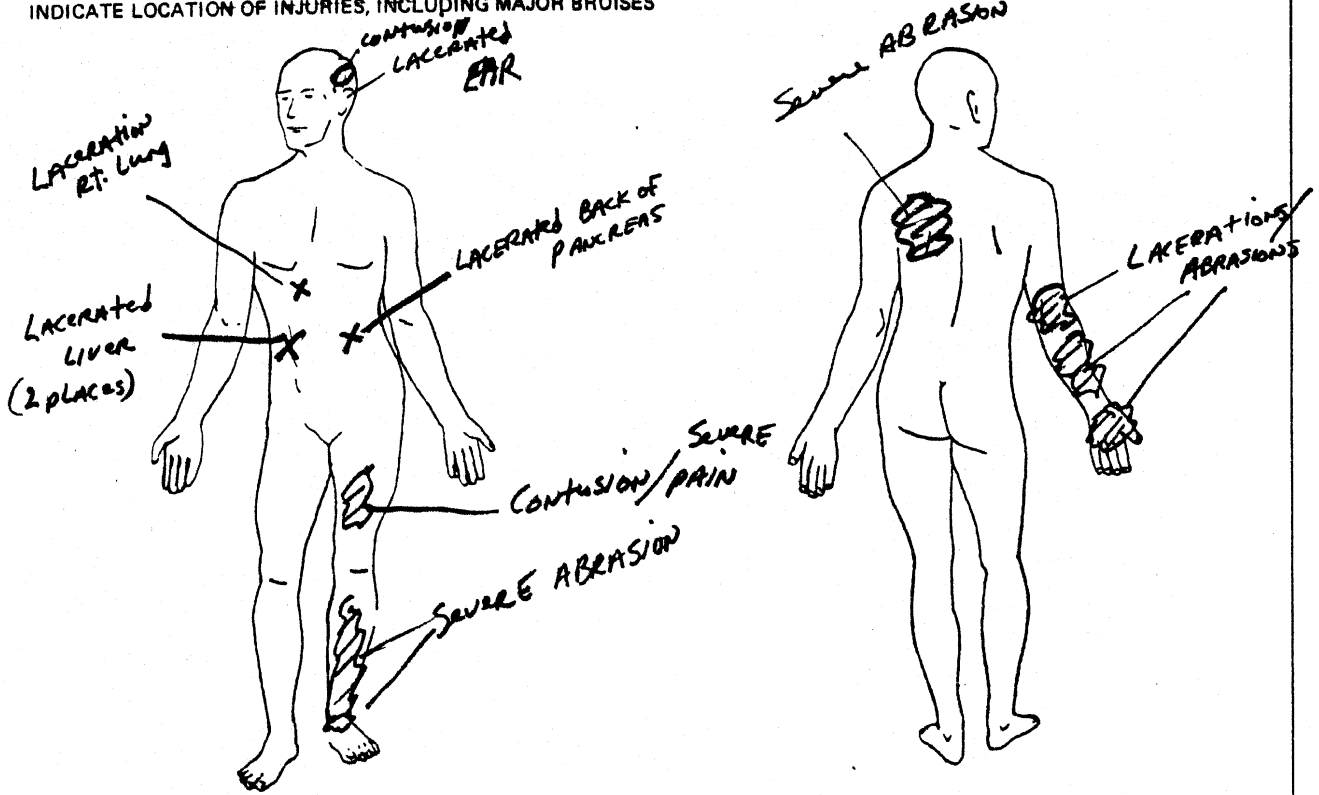
NOTES

HAD BEEN SWITCHING SEATS WITH OTHER STUDENTS - HAD JUST TAKEN THIS NEW SEAT POSITION 1-2 SECS. PRIOR TO IMPACT - WAS EJECTED OUT SIDE WINDOW DURING ROLL - REMEMBERS LAYING ON ROAD WATCHING BUS ROLL ONTO SIDE

OCCUPANT

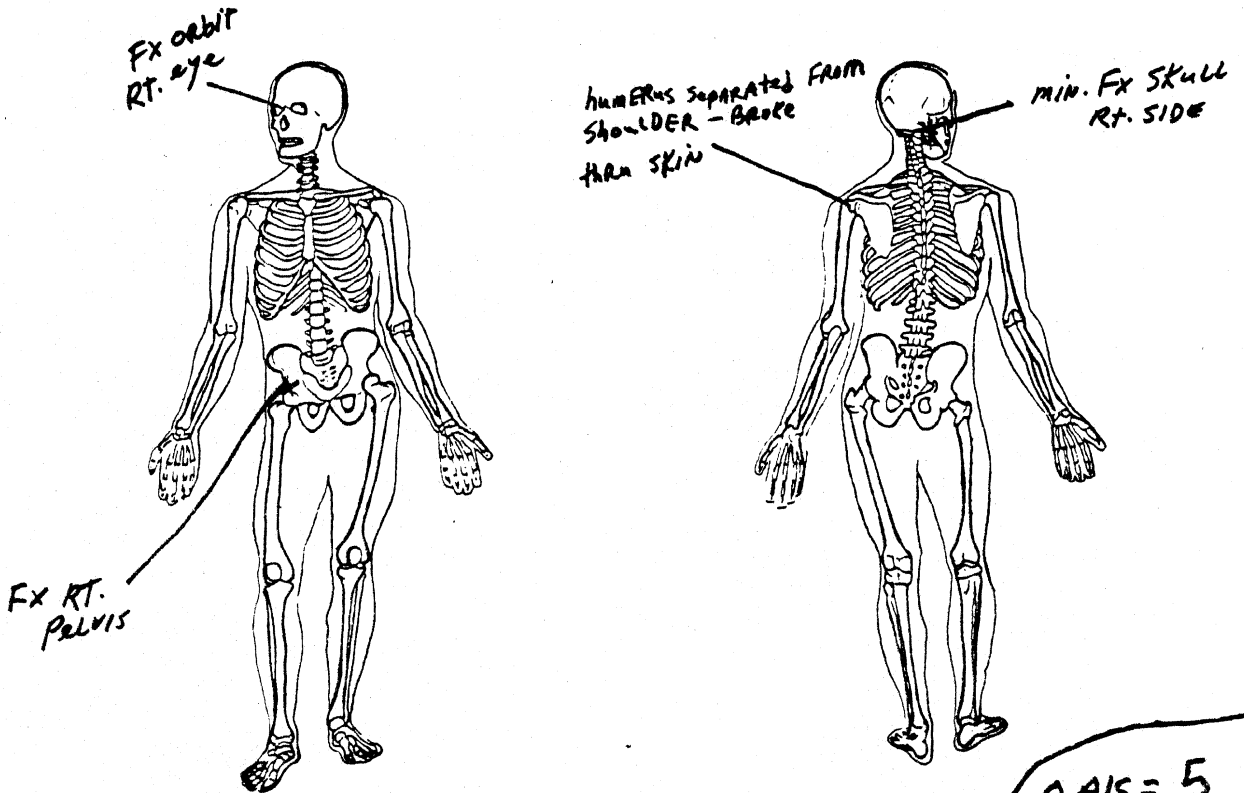
#14

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES

Source of Information _____

OAIS = 5

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT NO.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES										
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	BURN	HEMORRHAGE	OTHER	
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	
	12	14	INTERNAL ORGANS	21	78			4	4								
D U P L I C A T E . F R O M P R E C E D I N G C A R D	13		BRAIN														
	14	14	FACE	25	78			3	3								
	15	14	HEAD	25	78			2	2	1	1						
	16		NECK (CERVICAL REGION)														
	17	14	SHOULDER GIRDLE	78				3	3			1					
	18	14	RIGHT UPPER LIMB	21	78			1	1			1					
	19		LEFT UPPER LIMB														
	20		CHEST & UPPER BACK (THORAX)														
	21		LOWER BACK (LUMBAR REGION)														
	22		ABDOMEN														
23	14	PELVIC GIRDLE	25	78				2	2								
24		RIGHT LOWER LIMB															
25	14	LEFT LOWER LIMB	21	78				1		1	1	1					
26		WHOLE BODY															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

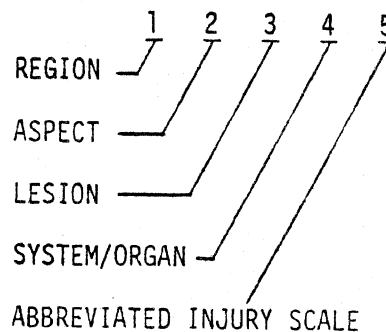
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____
1 2 3 4 5

CARD 8 0 OCCUPANT NUMBER _____
10 12

Role of Individual at First Impact

2
14

- (0) Unknown
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture

1 1
15

- (10) Sitting on Seat
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant

9
17

- (0) None
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test

1
18

- (0) Unknown (999 Below)
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

19

- (999) Unknown, No Results
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

22

- (1) Yes, Type Unknown
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped

23

- (0) Unknown
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational

24

- (0) Unknown if Operational
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together (Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

26

- (1) Yes, Type Unknown
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated

27

- (1) Yes
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation

28

- (1) Yes, Area Unknown
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

29

- (0) Unknown
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

Treatment/Mortality

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

04
10

EMS Contributory to Severity (0,1,2)

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

0
12

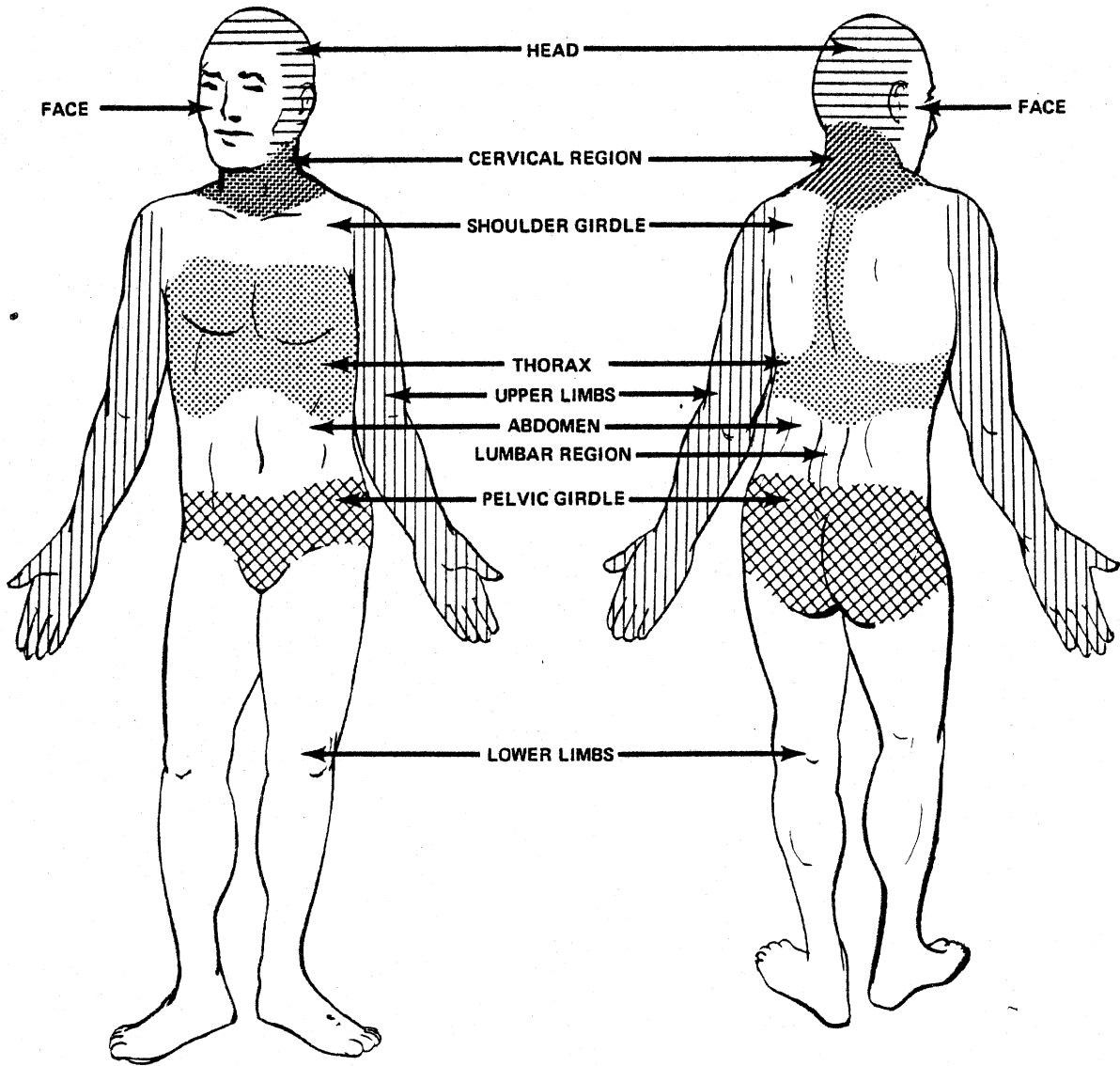
3
33
3
34

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.						PRIMARY OIC					ASSOCIATED OIC'S								
		FOUR AREA(S) OF POSSIBLE CONTACT						BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN
1-5	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D	81	14	21	78			M	U	L	L	4	M	P	L	D	4	C	R	L	P	4
U	82	14	25	78			F	R	F	E	3										
L	83	14	25	78			H	P	F	S	2	H	L	L	E	1	H	L	C	I	1
I	84	14	78				S	L	D	J	3	S	L	A	I	1					
C	85	14	21	78			E	R	L	I	1	R	R	L	I	1	W	R	L	I	1
A	86	14	25	78			P	R	F	S	2										
T	87	14	21	78			T	L	C	I	1	Q	L	A	I	1	L	L	A	I	1
E	88																				
F	89																				
R	90																				
O	91																				
M	92																				
P	93																				
R	94																				
E	95																				

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD			10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER			<u>15</u>	12-13	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: <u>Row 4</u> (0) UNKNOWN			<u>7</u>		EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN			<u>4</u>		WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN			<u>1</u>	16	WORN CORRECTLY (1,2,3,0)*			29
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)			<u>08</u>	17-18	LOCKING RETRACTOR (1,2,3,0)*			30
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)			<u>000</u>	21-23	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			31
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)			<u>00</u>	24-25	Upper Torso Belt and/or Air Bag Used			32
SEX (4) Male (5) Female (6) Large Animal (0) Unknown			<u>5</u>	26	WORN CORRECTLY (1,2,3,0)*			33
					INERTIA REEL (1,2,3,0)*			34
					LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-38
					TYPE OF UPPER TORSO RESTRAINT USED			37
					CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			38-39
					CHILD RESTRAINT CODE (99 none)			40
								41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 2 FOR NO 3 FOR NOT APPLICABLE 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (6) COMPLETE (0) UNKNOWN</p>	<u>2</u>	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>3</u>	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>1</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>01</u>	45-46
<p>END OF CARD</p>		

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECUPERATION AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

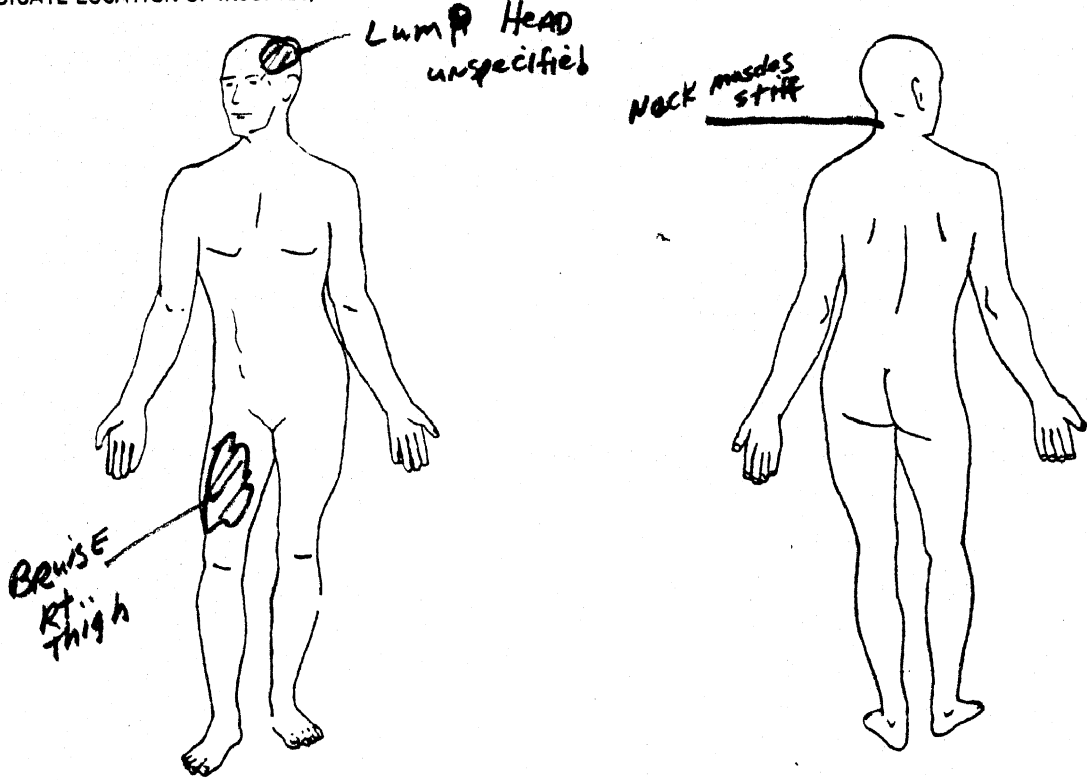
NOTES

Does not Remember Accident

OCCUPANT

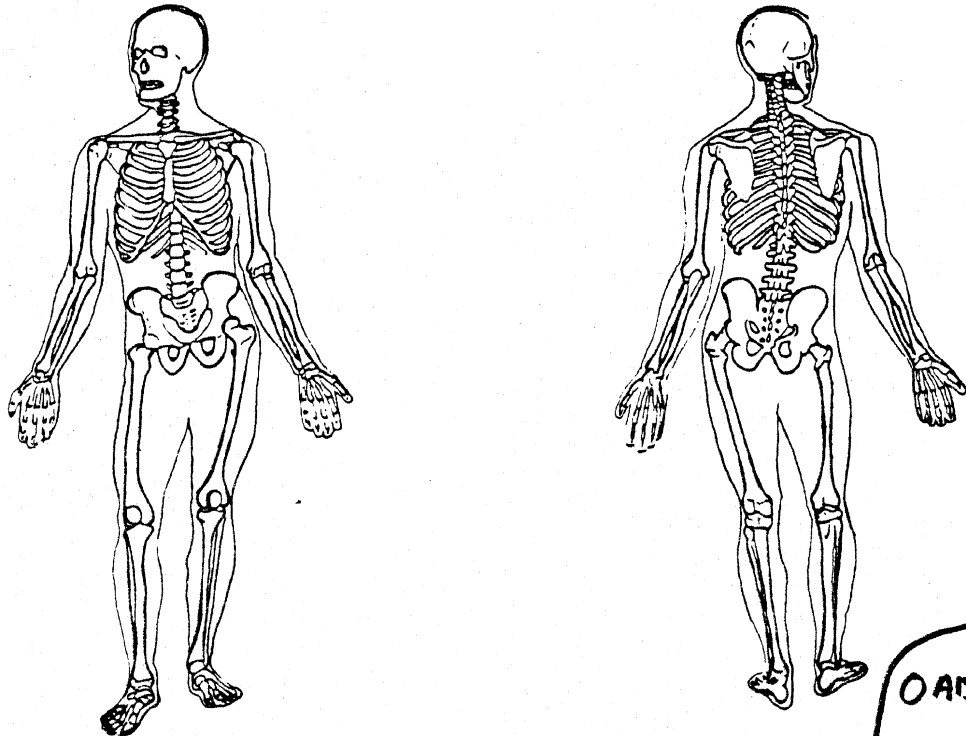
#15

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES

Interview

Source of Information

OAS = 1

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. Do not fill in the boxes where there was no contact.

C. CARD NUMBER	OCCUPANT N.O.	BODY REGION	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							OVERALL INJURY TO BODY REGION	FRACTURE	LACERATION	CONTUSION	COMPLAINT OF PAIN	ABRASION	CONCUSSION	BURN	HEMORRHAGE	OTHER
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
	12	INTERNAL ORGANS														
	13	BRAIN														
D U P L I C A T E . F R O M P R E C E D I N G C A R D	14	FACE														
	15	15 HEAD	25				1			1						
	16	15 NECK (CERVICAL REGION)	25				1			1						
	17	SHOULDER GIRDLE														
	18	RIGHT UPPER LIMB														
	19	LEFT UPPER LIMB														
	20	CHEST & UPPER BACK (THORAX)														
	21	LOWER BACK (LUMBAR REGION)														
	22	ABDOMEN														
	23	PELVIC GIRDLE														
	24	15 RIGHT LOWER LIMB	29				1			1						
	25	LEFT LOWER LIMB														
	26	WHOLE BODY														

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle (Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware (e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware (e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

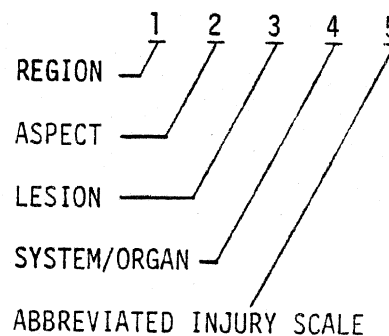
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
 1 2 3 4 5 6 7 8 9 10 11 12

Role of Individual at First Impact 2
 14
 (0) Unknown
 (1) Motor Vehicle Driver
 (2) Motor Vehicle Passenger (not driver)

Posture 10
 15
 (10) Sitting on Seat
 (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
 (12) Sitting on Console
 (20) On Lap or in Arms
 (30) Standing on Seat
 (40) Standing on Floor
 (47) Standing - External to Passenger Compartment
 (50) In Bassinet
 (60) In Child Seat
 (65) In Child Harness
 (70) Lying on Seat
 (80) Lying or Sitting on Passenger Floor
 (83) Lying or Sitting on Other Object in Passenger Compartment
 (85) On Station Wagon Cargo Floor or Fold Seat Back
 (87) Lying or Sitting - External to Passenger Compartment
 (98) Other: _____
 (00) Unknown

Non-Impact Medical Conditions for Each Occupant 9
 17
 (0) None
 (1) Yes - Time and Type Unknown
 (2) Pre-Crash Fatal (Clinical Death at Wheel)
 (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
 (4) Pregnant
 (5) Post-Crash Fatal (Drowning)
 (6) Post-Crash Non-Fatal Injury
 (8) Other: _____
 (9) Unknown

Occupant Alcohol Involvement/Test 1
 18
 (0) Unknown (999 Below)
 (1) No Test, Alcohol Not Suspected (000 Below)
 (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
 (3) No Test, Test Requested & Refused (999 Below)
 (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
 (5) No Test, But Charged (DWI) Booked Drunk
 (6) No Test, Fled Scene
 (8) BAC Tested, Results Not Provided (999 Below)
 (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)
 19
 (999) Unknown, No Results
 (000) No Drinking or "-Results"
 Record Actual MG %

Occupant Alcohol Test 22
 (1) Yes, Type Unknown
 (2) None
 (4) Urine
 (5) Spinal
 (6) Breath
 (7) Blood
 (8) Other: _____
 (9) Several of Above
 (0) Unknown

Seat Belt Buzzer/Interlock Equipped 0
 23
 (0) Unknown
 (1) Equipped, Type Unknown
 (2) Not Equipped
 (4) Non-Cycled Buzzer
 (5) Ignition Interlock
 (6) 4-second buzzer (post-interlock)
 (9) Other: _____

Seat Belt Buzzer Operational 24
 (0) Unknown if Operational
 (1) Yes, Operational
 (2) Not Operational, Reason Unknown
 (3) Not Applicable. Not Equipped

System Inhibited by:
 (4) Fastening Belts Together Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
 (5) Disconnection, Removal, Intentional Destruction
 (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
 (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
 (8) Letting it Buzz
 (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0) 25

Passive Restraint System Equipped 26
 (1) Yes, Type Unknown
 (2) No
 (4) Air Bag
 (5) Knee and Torso Restraint (e.g., VW)
 (9) Other: _____
 (0) Unknown

Activated 27
 (1) Yes
 (2) No
 (3) Not Applicable
 (0) Unknown

Restraint System Malfunction or Separation 28
 (1) Yes, Area Unknown
 (2) No
 (3) Not Applicable, No Restraints Equipped
 (4) At Buckle
 (5) In Webbing
 (6) At Anchorage
 (7) In Retractor
 (8) In Passive System
 (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness 29
 (0) Unknown
 (1) Reduced Injury Severity
 (2) Could Have Reduced Severity if Worn (Correctly)
 (3) No Opinion
 (4) Could Not Have Reduced Severity if Worn
 (5) Did Not Reduce Overall Severity
 (6) Did Increase Overall Severity
 (7) Would Have Increased Severity if Worn
 (8) More Restraints Would Have Been Better

Treatment/Mortality

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

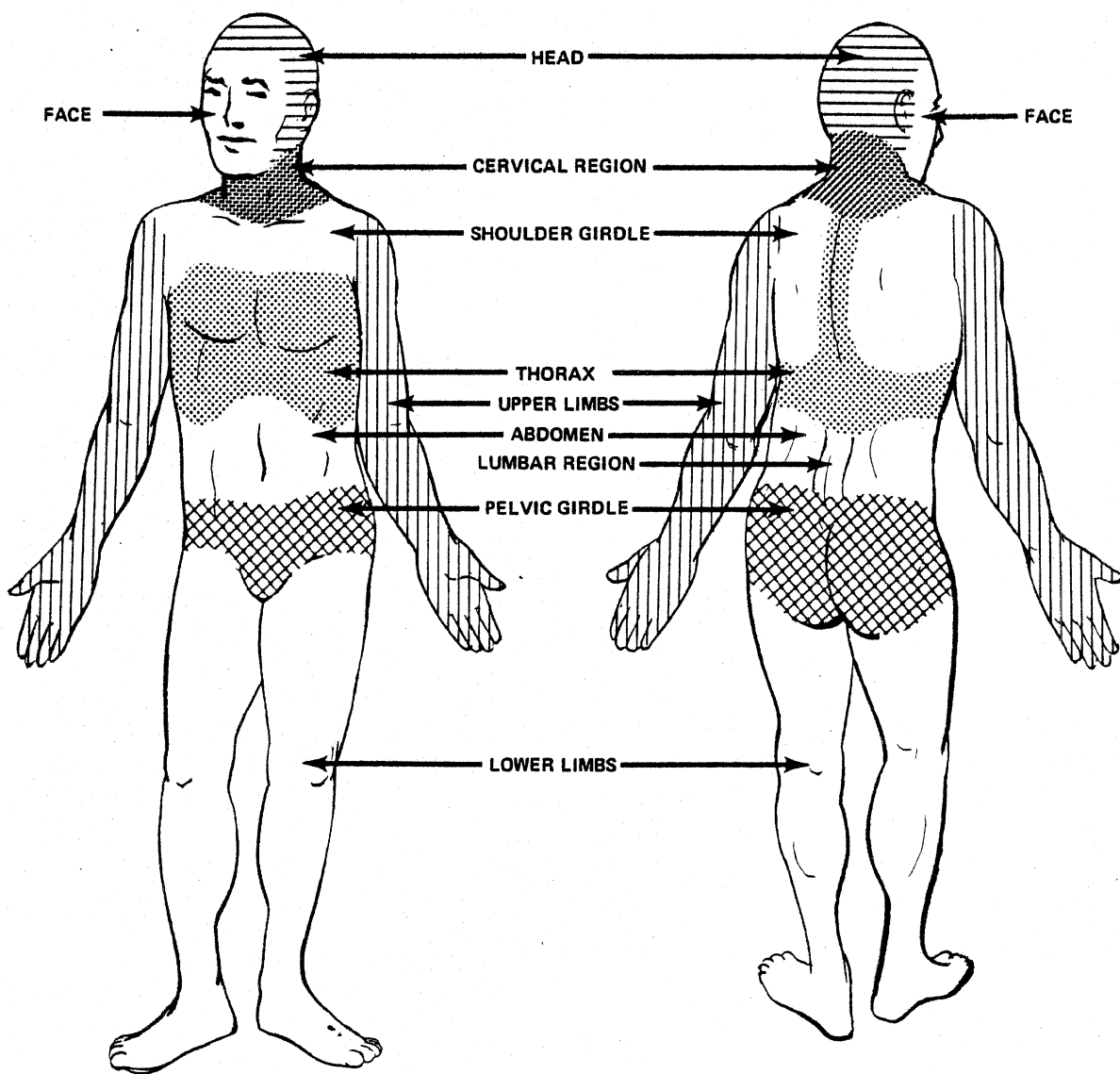
0
12
3
33
1
34

OCCUPANT INJURY CLASSIFICATION

D U P L I C A T E F R O M P R E C E D I N G C A R D	C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.						PRIMARY OIC					ASSOCIATED OIC'S													
			FOUR AREA(S) OF POSSIBLE CONTACT						22	23	24	25	26	27	28	29	30	31	32	33	34	35	36				
	1-5		10-11	12-13	14-15	16-17	18-19	20-21																			
	81	15	25						H	U	C	H	I														
	82	15	25						N	U	P	M	I														
	83	15	29						T	R	C	I	I														
	84																										
	85																										
	86																										
	87																										
	88																										
	89																										
	90																										
	91																										
	92																										
	93																										
	94																										
	95																										

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2. IF THERE IS MORE THAN ONE OCCUPANT, USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER		<u>16</u>	12-13	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD <u>Row 4</u> (7) OTHER: (0) UNKNOWN		<u>7</u>		EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN		<u>5</u>		WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN		<u>1</u>	16	WORN CORRECTLY (1,2,3,0)*			29
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)		<u>05</u>	17-18	LOCKING RETRACTOR (1,2,3,0)*			30
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)		<u>038</u>	21-23	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			31
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)		<u>40</u>	24-25	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (3) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped Upper Torso Belt and/or Air Bag Used (1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (4) No Deployment or No Bag; Unknown if Worn (5) Deployment; Upper Belt Worn (6) Deployment; Upper Belt Not Worn (7) Deployment; No Upper Belt (8) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown WORN CORRECTLY (1,2,3,0)* INERTIA REEL (1,2,3,0)*			32
SEX (4) Male (5) Female (6) Large Animal (0) Unknown		<u>5</u>	26	LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			33
				TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g., VM passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			34
				CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			35-36
				CHILD RESTRAINT CODE (99 none)			37
							38-39
							40
							41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
DEGREE OF EJECTION (2) NONE (4) PARTIAL (6) COMPLETE (0) UNKNOWN	<u>2</u>	42
AREA OF EJECTION (3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN	<u>3</u>	43
TREATMENT/MORTALITY (0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown	<u>0</u>	44
OVERALL SEVERITY OF INJURIES (USE 1976 AIS) (00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN	<u>01</u>	45-46
END OF CARD		

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

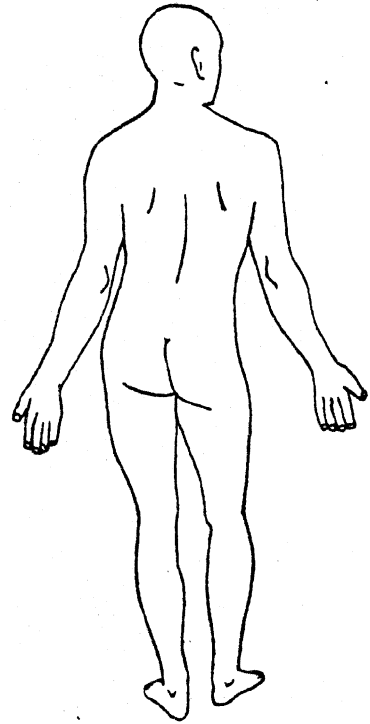
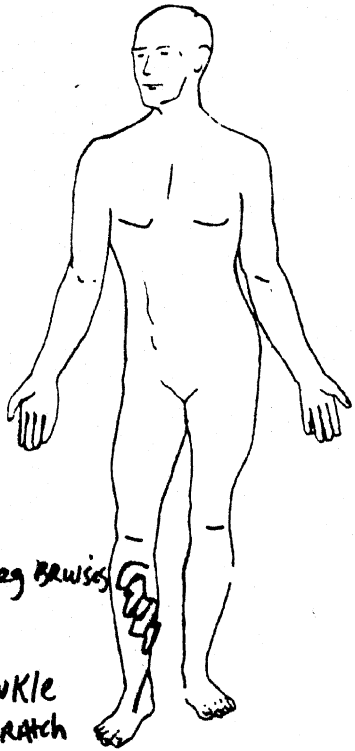
NOTES

Caught Foot under SEAT - fell to floor

OCCUPANT

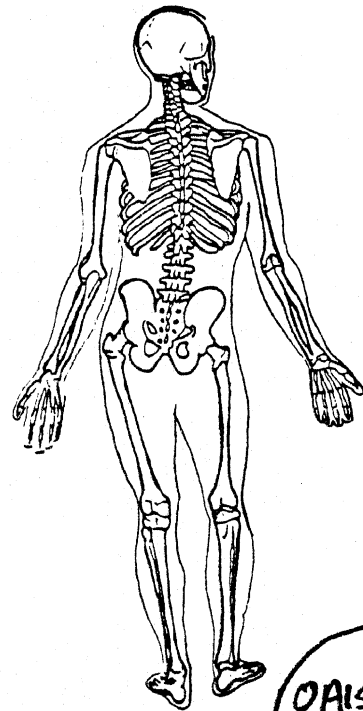
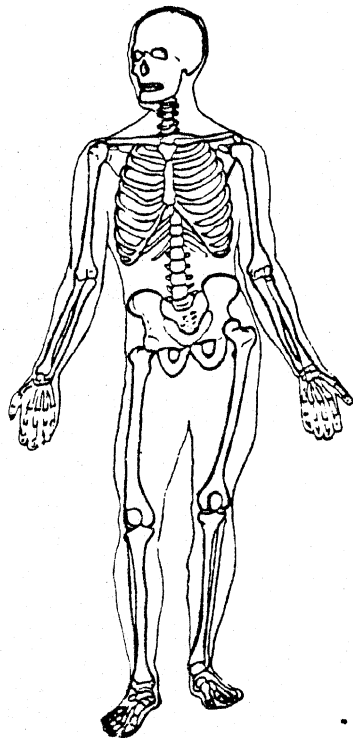
#16

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information

Interview

OAIS = 1

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

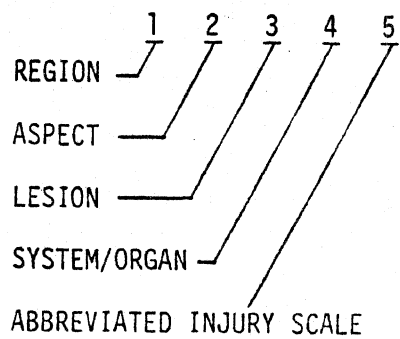
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER 8 0 CARD 0 OCCUPANT NUMBER 12

Role of Individual at First Impact

2 14

- (0) Unknown
(1) Motor Vehicle Driver
(2) Motor Vehicle Passenger (not driver)

Posture

10 15

- (10) Sitting on Seat
(11) Sitting on Seat in Abnormal Position
(12) Sitting on Console
(20) On Lap or in Arms
(30) Standing on Seat
(40) Standing on Floor
(47) Standing - External to Passenger Compartment
(50) In Bassinet
(60) In Child Seat
(65) In Child Harness
(70) Lying on Seat
(80) Lying or Sitting on Passenger Floor
(83) Lying or Sitting on Other Object in Passenger Compartment
(85) On Station Wagon Cargo Floor or Fold Seat Back
(87) Lying or Sitting - External to Passenger Compartment
(98) Other:
(00) Unknown

Non-Impact Medical Conditions for Each Occupant

9 17

- (0) None
(1) Yes - Time and Type Unknown
(2) Pre-Crash Fatal (Clinical Death at Wheel)
(3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
(4) Pregnant
(5) Post-Crash Fatal (Drowning)
(6) Post-Crash Non-Fatal Injury
(8) Other:
(9) Unknown

Occupant Alcohol Involvement/Test

1 18

- (0) Unknown (999 Below)
(1) No Test, Alcohol Not Suspected (000 Below)
(2) No Test, Alcohol Indicated & No Test Requested (999 Below)
(3) No Test, Test Requested & Refused (999 Below)
(4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
(5) No Test, But Charged (DWI) Booked Drunk
(6) No Test, Fled Scene
(8) BAC Tested, Results Not Provided (999 Below)
(9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

19

- (999) Unknown, No Results
(000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

22

- (1) Yes, Type Unknown
(2) None
(4) Urine
(5) Spinal
(6) Breath
(7) Blood
(8) Other:
(9) Several of Above
(0) Unknown

Seat Belt Buzzer/Interlock Equipped

0 23

- (0) Unknown
(1) Equipped, Type Unknown
(2) Not Equipped
(4) Non-Cycled Buzzer
(5) Ignition Interlock
(6) 4-second buzzer (post-interlock)
(9) Other:

Seat Belt Buzzer Operational

24

- (0) Unknown if Operational
(1) Yes, Operational
(2) Not Operational, Reason Unknown
(3) Not Applicable. Not Equipped

System Inhibited by:

- (4) Fastening Belts Together Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
(5) Disconnection, Removal, Intentional Destruction
(6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
(7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
(8) Letting it Buzz
(9) Other: (Defective)

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

26

- (1) Yes, Type Unknown
(2) No
(4) Air Bag
(5) Knee and Torso Restraint (e.g., WV)
(9) Other:
(0) Unknown

Activated

27

- (1) Yes
(2) No
(3) Not Applicable
(0) Unknown

Restraint System Malfunction or Separation

28

- (1) Yes, Area Unknown
(2) No
(3) Not Applicable, No Restraints Equipped
(4) At Buckle
(5) In Webbing
(6) At Anchorage
(7) In Retractor
(8) In Passive System
(0) Unknown Whether Malfunction Occurred

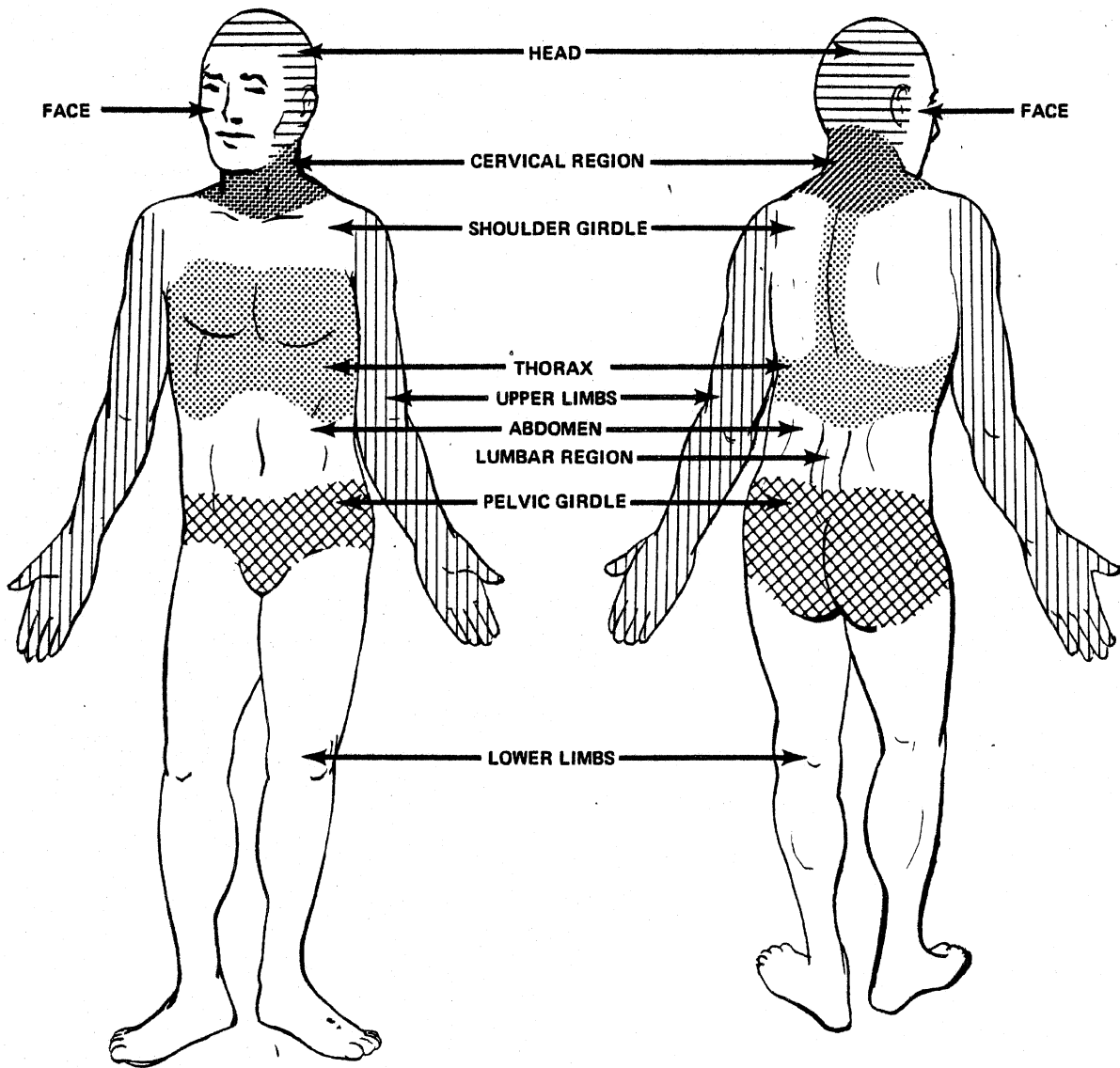
Investigator Judgement of Restraint System Effectiveness

29

- (0) Unknown
(1) Reduced Injury Severity
(2) Could Have Reduced Severity if Worn (Correctly)
(3) No Opinion
(4) Could Not Have Reduced Severity if Worn
(5) Did Not Reduce Overall Severity
(6) Did Increase Overall Severity
(7) Would Have Increased Severity if Worn
(8) More Restraints Would Have Been Better

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OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD			10	11
			PUNCH CODE	CARD COL.
OCCUPANT NUMBER			<u>17</u>	12-13
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD <u>Row 4</u> (7) OTHER: <u>Row 4</u> (0) UNKNOWN			<u>7</u>	
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN			<u>6</u>	
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN			<u>1</u>	16
AGE YEARS, OR <u>05</u> MONTHS (INFANTS) to 24 months (ENTER "0'S IF UNKNOWN)				17-18 19-20
WEIGHT, LBS. (ENTER "0'S, IF UNKNOWN)			<u>052</u>	21-23
HEIGHT, INCHES (ENTER "0'S, IF UNKNOWN)			<u>47</u>	24-25
SEX (4) Male (5) Female (6) Large Animal (0) Unknown			<u>4</u>	26
RESTRAINT SYSTEM				
LAP BELT				
EQUIPPED FOR THIS POSITION (1,2,0)*			<u>1</u>	27
WORN BY OCCUPANT (1,2,3,0)*			<u>2</u>	28
WORN CORRECTLY (1,2,3,0)*			---	29
LOCKING RETRACTOR (1,2,3,0)*			---	30
UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped				
(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			---	31
Upper Torso Belt and/or Air Bag Used				
(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown			---	32
WORN CORRECTLY (1,2,3,0)*			---	33
INERTIA REEL (1,2,3,0)*			---	34
LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE				
TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown				
CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			---	37
CHILD RESTRAINT CODE (99 none)			---	38-39
			---	40
			---	41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p> <p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>2</u>	42
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>0</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (08) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>01</u>	45-46
	END OF CARD	

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

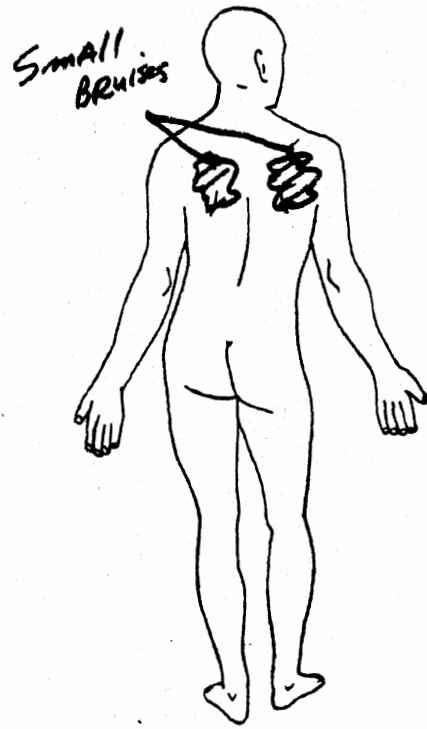
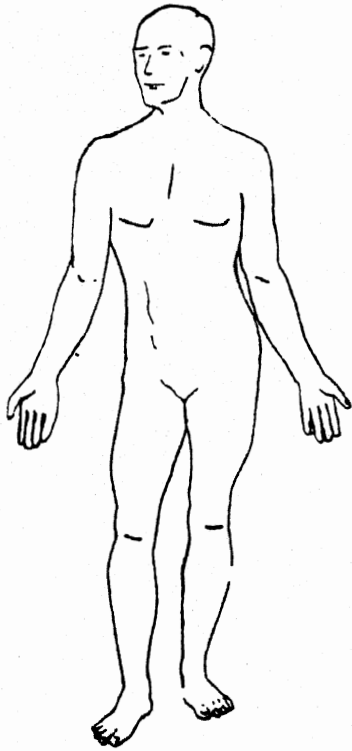
NOTES

Seated normally - After Impact stomach struck floor - HE THEN DID SOMERSAULT STRIKING BACK AND LEGS ON FLOOR

OCCUPANT

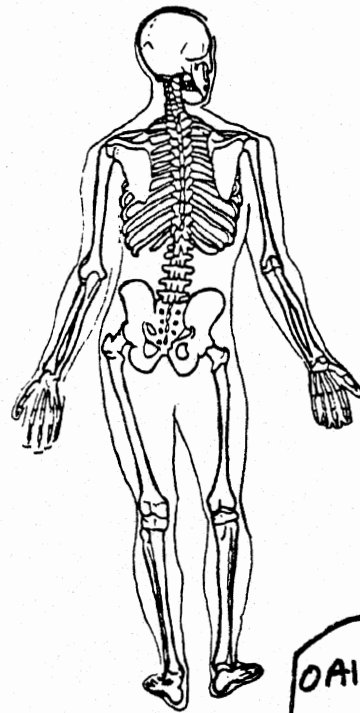
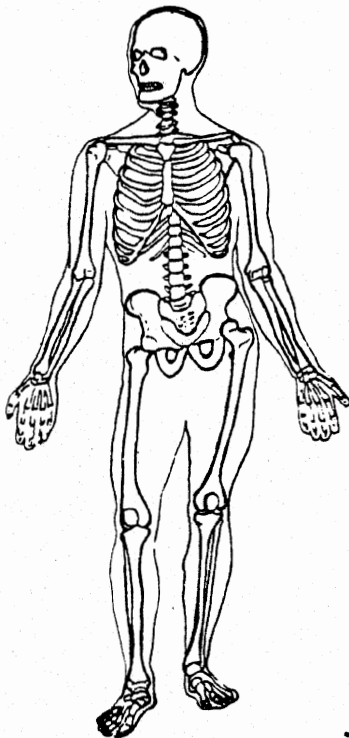
#17

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES
Source of Information

Interview

OAIS = 1

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. DO not fill in the boxes where there was no contact.

C A R D N U M B E R	O C C U P A N T N O.	B O D Y R E G I O N	★ E N T E R C O D E (S) F O R A R E (S) O F P O S S I B L E C O N T A C T				E N T E R S E V E R I T Y C O D E S									
							O V E R A L L I N J U R Y T O B O D Y R E G I O N	F R A C T U R E	L A C E R A T I O N	C O N T U S I O N	C O M P L A I N T O F P A I N	A B R A S I O N	C O N C U S I O N	B U R N	H E M O R R H A G E	O T H E R
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
	12	INTERNAL ORGANS														
	13	BRAIN														
D U P L I C A T E F R O M P R E C E D I N G C A R D	14	FACE														
	15	HEAD														
	16	NECK (CERVICAL REGION)														
	17	17 SHOULDER GIRDLE	40					1		1						
	18	RIGHT UPPER LIMB														
	19	LEFT UPPER LIMB														
	20	CHEST & UPPER BACK (THORAX)														
	21	LOWER BACK (LUMBAR REGION)														
	22	ABDOMEN														
	23	PELVIC GIRDLE														
24	RIGHT LOWER LIMB															
25	LEFT LOWER LIMB															
26	WHOLE BODY															

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

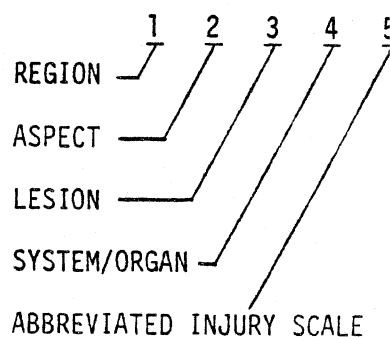
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
 1 2 3 4 5 6 7 8 9 10 11 12

Role of Individual at First Impact 2

- (0) Unknown 14
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture 10

- (10) Sitting on Seat 15
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant 9

- (0) None 17
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test 1

- (0) Unknown (999 Below) 18
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

- (999) Unknown, No Results 19
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

- (1) Yes, Type Unknown 22
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped 0

- (0) Unknown 23
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational

- (0) Unknown if Operational 24
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable, Not Equipped

System Inhibited by:

- (4) Fastening Belts Together Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

- (1) Yes, Type Unknown 26
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated

- (1) Yes 27
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation

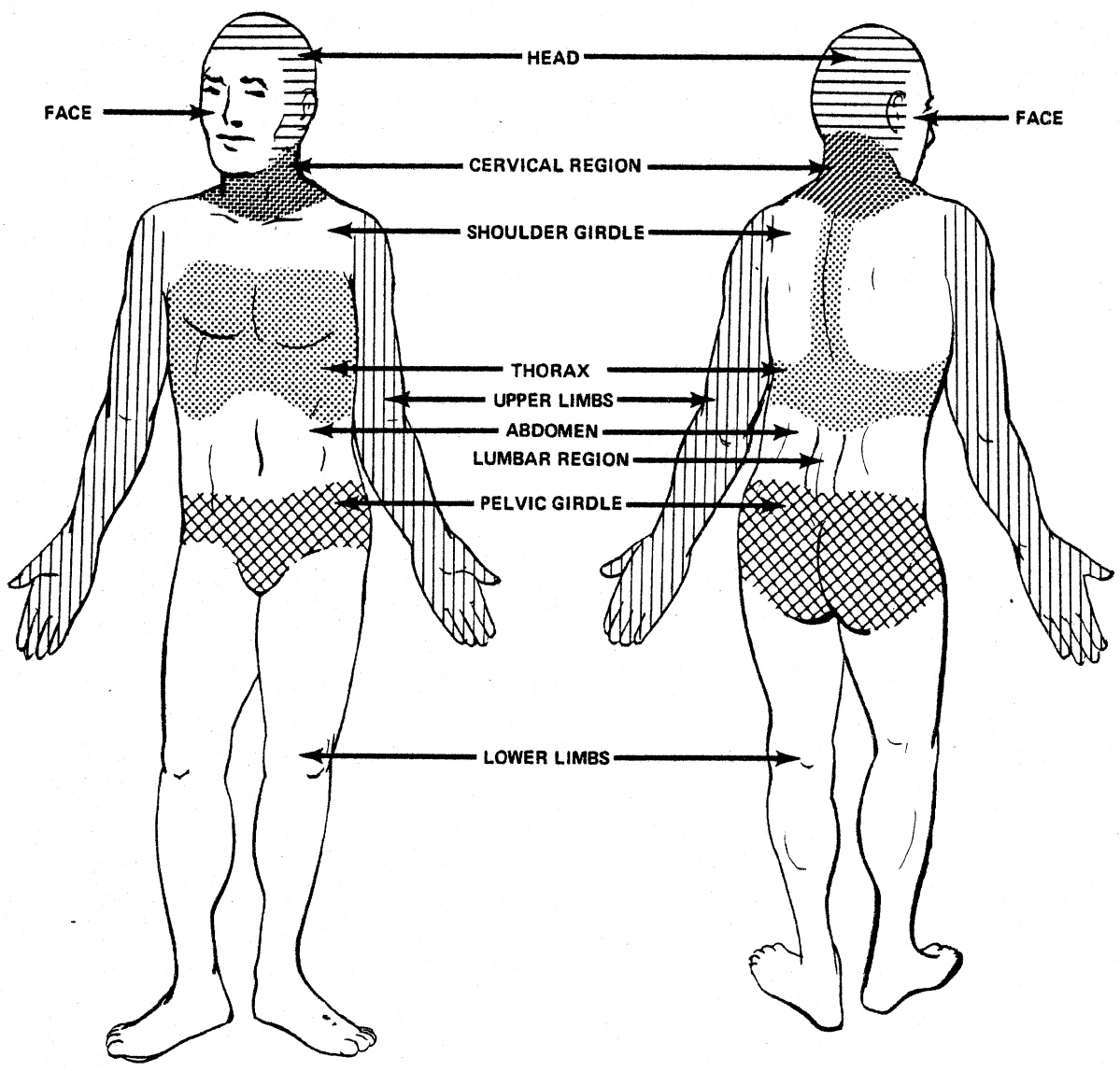
- (1) Yes, Area Unknown 28
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

- (0) Unknown 29
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN **ONE** OCCUPANT , USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD		10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER		18	12-13	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD (7) OTHER: <u>Row 4</u> (0) UNKNOWN		7		EQUIPPED FOR THIS POSITION (1,2,0)*		1	27
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN		1	16	WORN BY OCCUPANT (1,2,3,0)*		2	28
AGE YEARS, OR MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)		06	17-18	WORN CORRECTLY (1,2,3,0)*			29
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)		051	21-23	LOCKING RETRACTOR (1,2,3,0)*			30
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)		47	24-25	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			
SEX (4) Male (5) Female (6) Large Animal (0) Unknown		4	26	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (0) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped			31
				Upper Torso Belt and/or Air Bag Used			
				(1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown			32
				WORN CORRECTLY (1,2,3,0)*			33
				INERTIA REEL (1,2,3,0)*			34
				LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			35-36
				TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g., VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			37
				CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
				CHILD RESTRAINT CODE (99 none)			38-39
							40
							41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p>	<u>2</u>	42
<p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>3</u>	43
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>3</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>03</u>	45-46
	END OF CARD	

NOTES

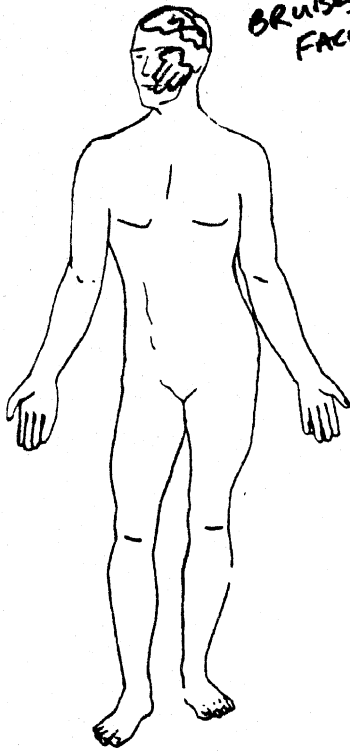
Does Not Remember Accident

OCCUPANT

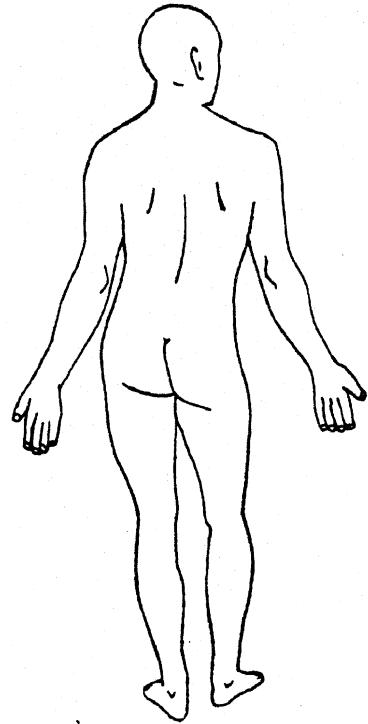
*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

#18

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES

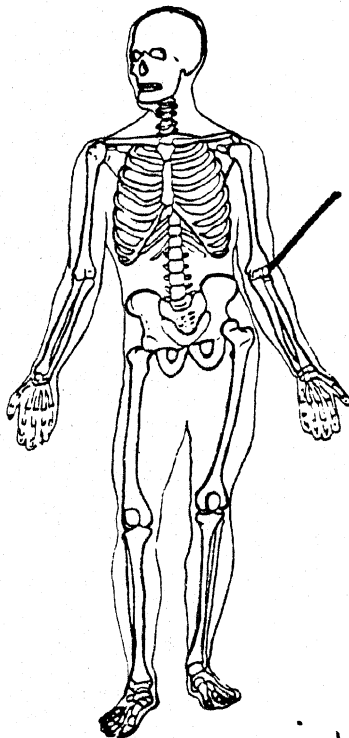


BRUISES
FACE/HEAD

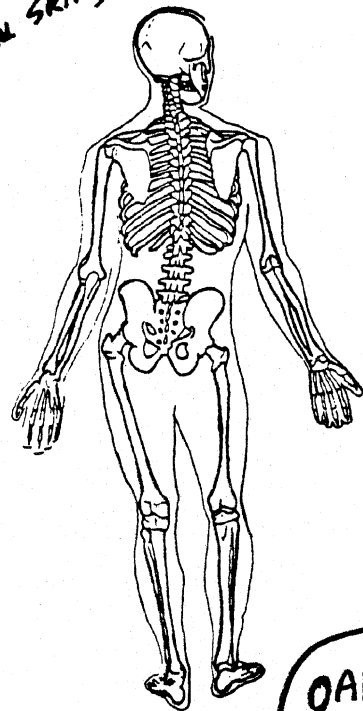


SOFT TISSUE INJURIES

OCCUPANT



DISLOCATION
FX ELBOW
(BONE CAME THROUGH SKIN)



SKELETAL INJURIES
Source of Information

Interview

OAIS = 3

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. Do not fill in the boxes where there was no contact.

C. A. R. D. N. U. M. B. E. R.	O. C. C. U. P. A. N. T. N. O.	B. O. D. Y. R. E. G. I. O. N.	★ ENTER CODE(S) FOR AREA(S) OF POSSIBLE CONTACT				ENTER SEVERITY CODES									
							O. V. E. R. A. L. I. N. J. U. R. Y. T. O. B. O. D. Y. R. E. G. I. O. N.	F. R. A. C. T. U. R. E.	L. A. C. E. R. A. T. I. O. N.	C. O. N. T. U. S. I. O. N.	C. O. M. P. L. A. I. N. T. O. F. P. A. I. N.	A. B. R. A. S. I. O. N.	C. O. N. C. U. S. I. O. N.	B. U. R. N.	H. E. M. O. R. R. H. A. G. E.	O. T. H. E. R.
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
	12		INTERNAL ORGANS													
	13		BRAIN													
D. U. P. L. I. C. A. T. E. F. R. O. M. P. R. E. C. E. D. I. N. G. C. A. R. D.	14	18	FACE	25				1		1						
	15	18	HEAD	25				1		1						
	16		NECK (CERVICAL REGION)													
	17		SHOULDER GIRDLE													
	18		RIGHT UPPER LIMB													
	19	18	LEFT UPPER LIMB	00				3	3							
	20		CHEST & UPPER BACK (THORAX)													
	21		LOWER BACK (LUMBAR REGION)													
	22		ABDOMEN													
	23		PELVIC GIRDLE													
24		RIGHT LOWER LIMB														
25		LEFT LOWER LIMB														
26		WHOLE BODY														

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl Parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

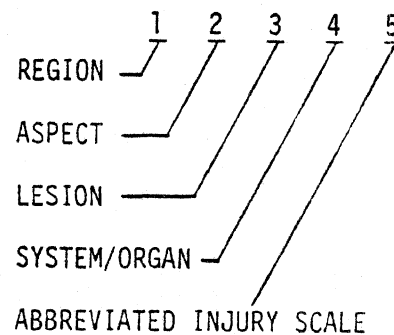
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u> BODY REGION	<u>2</u> ASPECT	<u>3</u> LESION
H Head-Skull	R Right	L Laceration
F Face	L Left	C Contusion
N Neck	B Bilateral	A Abrasion
S Shoulder	C Central	F Fracture
X Upper Extremities	A Anterior/Front	P Pain
A Arm (Upper)	P Posterior/Back	K Concussion
E Elbow	S Superior/Upper	H Hemorrhage
R Forearm	I Inferior/Lower	V Avulsion
W Wrist-Hand	W Whole Region	R Rupture
C Chest	U Unknown	S Sprain
M Abdomen		D Dislocation
B Back		N Crushing
P Pelvic-Hip		M Amputation
Y Lower Extremities		B Burn
T Thigh		X Asphyxia
K Knee		O Other
L Leg (Lower)		U Unknown
Q Ankle-Foot		
O Whole Body		
U Unknown		

<u>4</u> SYSTEM/ORGAN	<u>5</u> AIS
S Skeletal	0 None
V Vertebrae	1 Minor
J Joints	2 Moderate
D Digestive	3 Severe
L Liver	4 Serious
N Nervous System	5 Critical
B Brain	6 Maximum
C Spinal Cord	9 Unknown
E Eyes, Ears	
Cardiovascular	
A Arteries	
H Heart	
Q Spleen	
G Urogenital	
K Kidneys	
R Respiratory	
P Pulmonary, Lungs	
M Muscles	
I Integumentary	
W All systems in region	
U Unknown	



7 CASE I.D. NUMBER _____ CARD 8 0 OCCUPANT NUMBER _____
1 2 4 9 10 12

Role of Individual at First Impact 2

- (0) Unknown 14
- (1) Motor Vehicle Driver
- (2) Motor Vehicle Passenger (not driver)

Posture 10

- (10) Sitting on Seat 15
- (11) Sitting on Seat in Abnormal Position (e.g., Feet on Dash, Sideways, Etc.)
- (12) Sitting on Console
- (20) On Lap or in Arms
- (30) Standing on Seat
- (40) Standing on Floor
- (47) Standing - External to Passenger Compartment
- (50) In Bassinet
- (60) In Child Seat
- (65) In Child Harness
- (70) Lying on Seat
- (80) Lying or Sitting on Passenger Floor
- (83) Lying or Sitting on Other Object in Passenger Compartment
- (85) On Station Wagon Cargo Floor or Fold Seat Back
- (87) Lying or Sitting - External to Passenger Compartment
- (98) Other: _____
- (00) Unknown

Non-Impact Medical Conditions for Each Occupant 9

- (0) None 17
- (1) Yes - Time and Type Unknown
- (2) Pre-Crash Fatal (Clinical Death at Wheel)
- (3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
- (4) Pregnant
- (5) Post-Crash Fatal (Drowning)
- (6) Post-Crash Non-Fatal Injury
- (8) Other: _____
- (9) Unknown

Occupant Alcohol Involvement/Test 1

- (0) Unknown (999 Below) 18
- (1) No Test, Alcohol Not Suspected (000 Below)
- (2) No Test, Alcohol Indicated & No Test Requested (999 Below)
- (3) No Test, Test Requested & Refused (999 Below)
- (4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
- (5) No Test, But Charged (DWI) Booked Drunk
- (6) No Test, Fled Scene
- (8) BAC Tested, Results Not Provided (999 Below)
- (9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %) _____

- (999) Unknown, No Results 19
- (000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test _____

- (1) Yes, Type Unknown 22
- (2) None
- (4) Urine
- (5) Spinal
- (6) Breath
- (7) Blood
- (8) Other: _____
- (9) Several of Above
- (0) Unknown

Seat Belt Buzzer/Interlock Equipped 0

- (0) Unknown 23
- (1) Equipped, Type Unknown
- (2) Not Equipped
- (4) Non-Cycled Buzzer
- (5) Ignition Interlock
- (6) 4-second buzzer (post-interlock)
- (9) Other: _____

Seat Belt Buzzer Operational _____

- (0) Unknown if Operational 24
- (1) Yes, Operational
- (2) Not Operational, Reason Unknown
- (3) Not Applicable. Not Equipped

System Inhibited by:

- (4) Fastening Belts Together 'Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
- (5) Disconnection, Removal, Intentional Destruction
- (6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt, Etc.)
- (7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
- (8) Letting it Buzz
- (9) Other: (Defective) _____

Ignition Interlock Operational (1, 2, 3, 0) _____

Passive Restraint System Equipped _____

- (1) Yes, Type Unknown 26
- (2) No
- (4) Air Bag
- (5) Knee and Torso Restraint (e.g., VW)
- (9) Other: _____
- (0) Unknown

Activated _____

- (1) Yes 27
- (2) No
- (3) Not Applicable
- (0) Unknown

Restraint System Malfunction or Separation _____

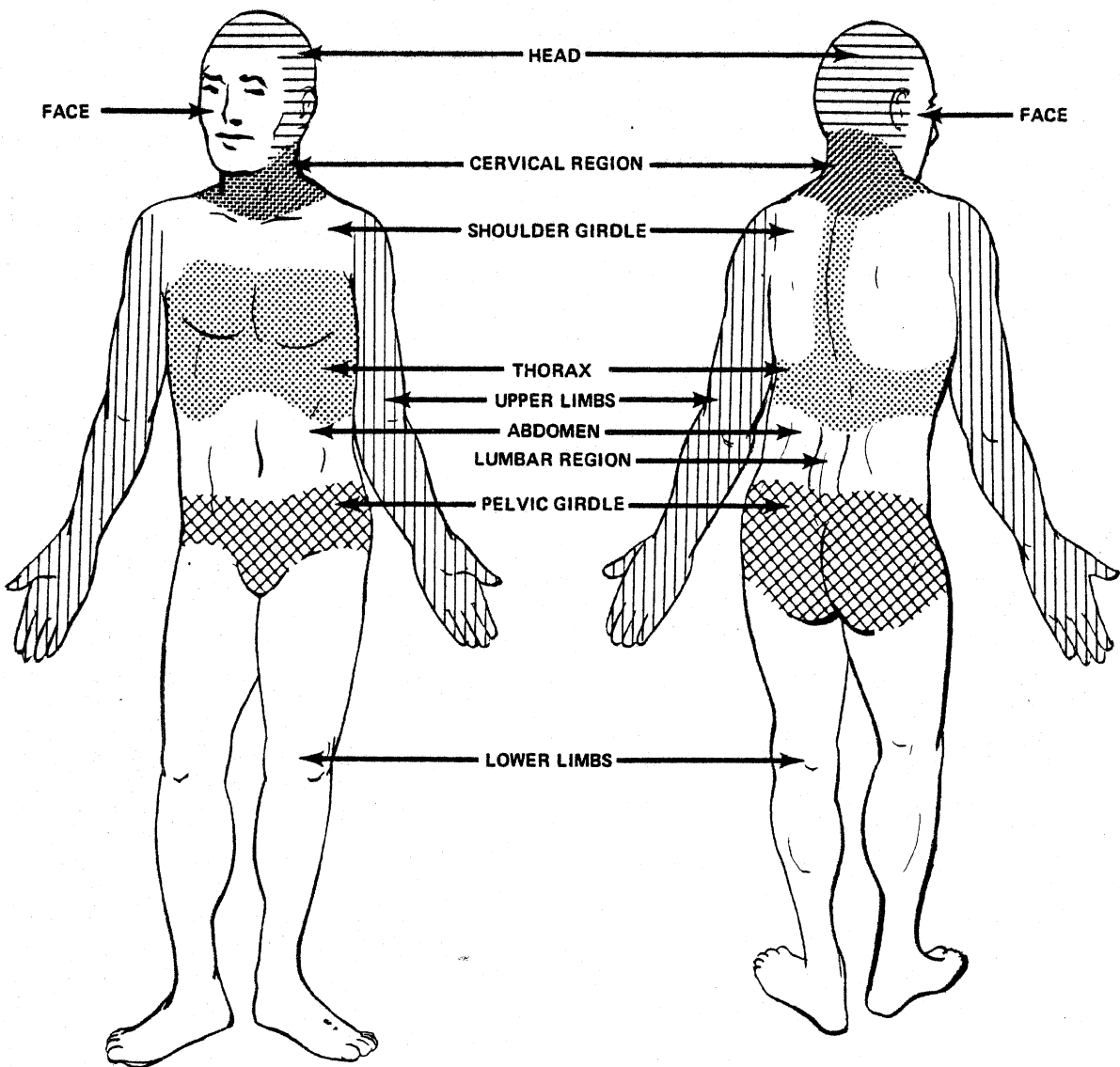
- (1) Yes, Area Unknown 28
- (2) No
- (3) Not Applicable, No Restraints Equipped
- (4) At Buckle
- (5) In Webbing
- (6) At Anchorage
- (7) In Retractor
- (8) In Passive System
- (0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness _____

- (0) Unknown 29
- (1) Reduced Injury Severity
- (2) Could Have Reduced Severity if Worn (Correctly)
- (3) No Opinion
- (4) Could Not Have Reduced Severity if Worn
- (5) Did Not Reduce Overall Severity
- (6) Did Increase Overall Severity
- (7) Would Have Increased Severity if Worn
- (8) More Restraints Would Have Been Better

OCCUPANT INFORMATION SECTION

1. THIS SECTION IS TO BE FILLED IN FOR EACH OCCUPANT, WHETHER INJURED OR NOT.
2. IF THERE IS MORE THAN **ONE** OCCUPANT , USE ADDITIONAL BLANK COPIES OF THIS FORM AND ATTACH OCCUPANT PAGES TO THIS REPORT.
3. THE FOLLOWING FIGURE IS AN EXPLANATION OF THE BODY REGIONS LISTED ON PAGES 30.



OCCUPANT

OCCUPANT INFORMATION

OCCUPANT

DUPLICATE COLUMNS 1-9 FROM PRECEDING CARD			10	11	RESTRAINT SYSTEM		PUNCH CODE	CARD COL.
OCCUPANT NUMBER			<u>19</u>	12-13	LAP BELT			
SEAT LOCATION (3) EXTERNAL TO PASS. COMP. (e.g., bed of pickup) (4) FRONT (5) REAR (6) THIRD <u>Row 4</u> (7) OTHER: (0) UNKNOWN			<u>7</u>		EQUIPPED FOR THIS POSITION (1,2,0)*		<u>1</u>	27
POSITION ON SEAT (3) EXTERNAL TO PASS. COMP. (4) LEFT (5) LEFT CENTER (6) CENTER (7) RIGHT CENTER (8) RIGHT (9) ALL (Lying on seat) (0) UNKNOWN			<u>8</u>		WORN BY OCCUPANT (1,2,3,0)*		<u>2</u>	28
POSTURE (1) SITTING ON SEAT (2) ON LAP OR IN ARMS (3) STANDING ON SEAT (4) STANDING ON FLOOR (5) IN BASSINET (6) IN CHILD SEAT (7) LYING ON SEAT (8) LYING OR SITTING ON FLOOR OR OTHER OBJECT (0) UNKNOWN			<u>1</u>	16	WORN CORRECTLY (1,2,3,0)*			29
AGE YEARS, <u>OR</u> MONTHS (INFANTS) to 24 months (ENTER "0" S IF UNKNOWN)			<u>13</u>	17-18	LOCKING RETRACTOR (1,2,3,0)*			30
WEIGHT, LBS. (ENTER "0" S, IF UNKNOWN)			<u>095</u>	21-23	UPPER TORSO RESTRAINT Upper Torso Belt and/or Air Bag Equipped			31
HEIGHT, INCHES (ENTER "0" S, IF UNKNOWN)			<u>59</u>	24-25	(1) No A/B & Upper Belt Equipped (2) No A/B & Upper Belt Not Equipped (3) No A/B & Upper Belt Unk if Equipped (4) A/B Equipped & Upper Belt Equipped (5) A/B Equipped & Upper Belt Not Equipped (6) A/B Equipped & Upper Belt Unk if Equipped (9) Both A/B & Upper Belt Unk if Equipped Upper Torso Belt and/or Air Bag Used (1) No Deployment or No Bag; Upper Belt Worn (2) No Deployment or No Bag; Upper Belt Not Worn (3) No Deployment or No Bag; No Upper Belt (0) No Deployment or No Bag; Unknown if Worn (4) Deployment; Upper Belt Worn (5) Deployment; Upper Belt Not Worn (6) Deployment; No Upper Belt (7) Deployment; Upper Belt Unknown if Worn (9) Both Upper Torso Worn or Air Bag Deployed Unknown WORN CORRECTLY (1,2,3,0)*			32
SEX (4) Male (5) Female (6) Large Animal (0) Unknown			<u>4</u>	26	INERTIA REEL (1,2,3,0)*			33
					LAP AND/OR UPPER TORSO RESTRAINT USAGE CODE			34
					TYPE OF UPPER TORSO RESTRAINT USED (3) No Torso Restraint Used (4) 3-point (5) 4-point (6) Other (e.g. VW passive restraint system) (7) Air Bag Deployed & No Belts Used (8) Air Bag Deployed & Any Belts Used (9) Air Bag Deployed & Unknown Belt Use (0) Unknown			37
					CHILD RESTRAINT SYSTEM: NOTE MAKE AND MODEL NUMBER			
					CHILD RESTRAINT CODE (99 none)			38-39
								40
								41

*WHERE (1,2,0) OR (1,2,3,0) ARE INDICATED, USE 1 FOR YES 3 FOR NOT APPLICABLE
2 FOR NO 0 FOR UNKNOWN

OCCUPANT INFORMATION

EJECTION	PUNCH CODE	CARD COL.
<p>DEGREE OF EJECTION</p> <p>(2) NONE (4) PARTIAL (5) COMPLETE (0) UNKNOWN</p> <p>AREA OF EJECTION</p> <p>(3) NOT APPLICABLE (1) WINDOW, LEFT SIDE (2) " , RIGHT SIDE (4) " , REAR (5) DOOR, LEFT SIDE (6) " , RIGHT SIDE (7) TAILGATE (8) WINDSHIELD (9) ROOF OR OPEN CONVERTIBLE OR FROM EXTERNAL AREA (0) UNKNOWN</p>	<u>2</u>	42
<p>TREATMENT/MORTALITY</p> <p>(0) None (1) First Aid - On-scene or outpatient (2) Hospitalized - Observation under 24 Hours (3) Hospitalized - Significant Treatment or over 24 Hours (4) Fatal - Dead at Scene (5) Fatal - Dead on Arrival at Hospital (6) Fatal - Dead within 24 Hours (7) Fatal - Dead 24 hours to 1 year (8) Fatal - Time of Death Unknown (9) Unknown</p>	<u>1</u>	44
<p>OVERALL SEVERITY OF INJURIES (USE 1976 AIS)</p> <p>(00) NONE (01) MINOR (02) NON-DANGEROUS, MODERATE (03) NON-DANGEROUS, SEVERE (04) DANGEROUS, SERIOUS (05) DANGEROUS, CRITICAL (06) MAXIMUM, UNTREATABLE (98) INJURY UNKNOWN (99) INJURED, SEVERITY UNKNOWN</p>	<u>01</u>	45-46
<p>END OF CARD</p>		

*HOSPITALIZED: INJURIES REQUIRING HOSPITAL RECOVERY AND TREATMENT FOR A PERIOD OF AT LEAST ONE DAY. "HELD FOR OBSERVATION ONLY" IS NOT CONSIDERED "HOSPITALIZED" IN THIS DEFINITION.

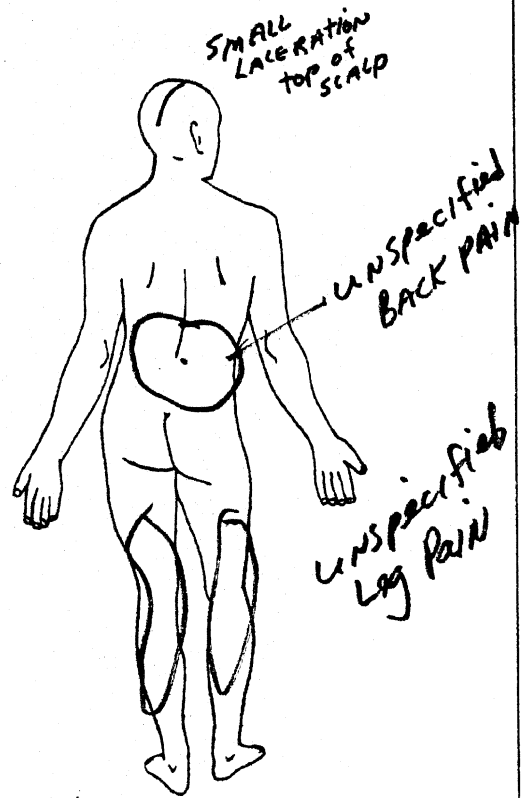
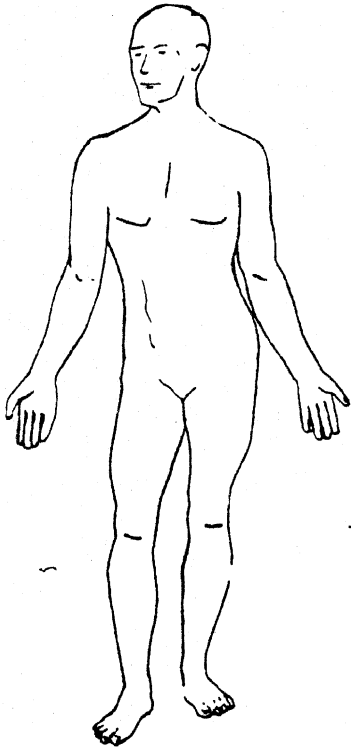
NOTES

OCCUPANT ASLEEP AT TIME OF IMPACT - CANNOT REMEMBER CONTACT POINTS - STATED ONLY THAT "WHEN BUS CAME TO FINAL REST I WAS ON THE BOTTOM OF THE HEAD"

OCCUPANT

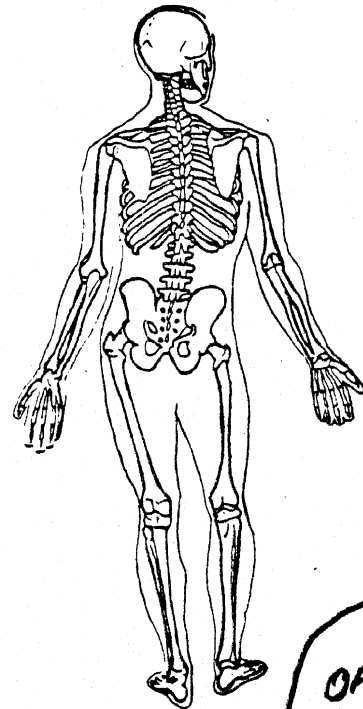
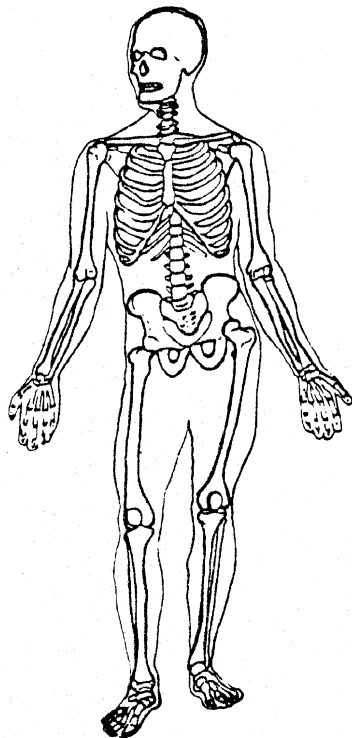
#19

INDICATE LOCATION OF INJURIES, INCLUDING MAJOR BRUISES



SOFT TISSUE INJURIES

OCCUPANT



SKELETAL INJURIES

Source of Information _____

OCCUPANT INJURY DETAIL

1. This page is only for the occupant just described.
2. Enter occupant number from page 28 in col 12-13. (This refers only to the order in which in which occupant information is entered and is not related to seated position.)
3. Enter severity code (only one per box) for each type of injury to each body region. (Mark boxes with 1-6,9 only.) Use 1976 AIS injury severity codes.
4. Do not fill in the boxes where there was no injury.
5. If you are reasonably assured that one or more specific components or area(s) contacted by this occupant resulted in an associable injury, enter the proper code(s) code(s) in the starred (*) section. (See Page 30A for codes.)
6. Do not fill in the boxes where there was no contact.

C A R D N U M B E R	O C C U P A N T N O.	B O D Y R E G I O N	★ E N T E R C O D E (S) F O R A R E (S) O F P O S S I B L E C O N T A C T				E N T E R S E V E R I T Y C O D E S									
							O V E R A L L I N J U R Y T O B O D Y R E G I O N	F R A C T U R E	L A C E R A T I O N	C O N T U S I O N	C O M P L A I N T O F P A I N	A B R A S I O N	C O N C U S I O N	H E M O R R H A G E	B U R N	O T H E R
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31
D U P L I C A T E D F R O M P R E C E D I N G C A R D	12		INTERNAL ORGANS													
	13		BRAIN													
	14		FACE													
	15	19	HEAD	25												
	16		NECK (CERVICAL REGION)													
	17		SHOULDER GIRDLE													
	18		RIGHT UPPER LIMB													
	19		LEFT UPPER LIMB													
	20	19	CHEST & UPPER BACK (THORAX)	00												
	21	19	LOWER BACK (LUMBAR REGION)	00												
	22		ABDOMEN													
	23		PELVIC GIRDLE													
	24	19	RIGHT LOWER LIMB	00												
25	19	LEFT LOWER LIMB	00													
26		WHOLE BODY														

OCCUPANT

KEYPUNCH NOTE: Each line represents one card. Punch only the lines with handwritten information.

OCCUPANT CONTACT CODES

FRONT OF PASSENGER COMPARTMENT

- (12) Windshield
- (10) Sunvisor, Fitting(s) and/or Top Molding
- (05) Instrument Panel (specific area unknown)
- (54) Upper Instrument Panel (X)
- (55) Middle Instrument Panel (Y)
- (56) Lower Instrument Panel (Z)
- (81) Ash Tray (instrument panel)
- (02) Glove Compartment Area
- (47) Air Bag (ACRS) Compartment Door/Cover
- (57) Beneath Instrument Panel
- (53) Parcel Tray
- (48) Knee Restraint
- (86) Vertical Console
- (28) Foot Controls (incl parking brake pedal)
- (09) Steering Assembly (specific area unknown)
- (65) Steering Wheel (includes rim & spokes)
- (66) Steering Wheel Column
- (59) Transmission Lever on Column
- (03) Hardware Item (specific item unknown)
- (82) Instrument(s)
- (83) Control Knob(s) and Lever(s) (front)
- (84) Parking Brake Handle (in front)
- (67) Ignition Key
- (06) Mirror
- (04) Heater or Air Conditioning Ducts
- (01) Air Conditioning or Ventilation Outlet(s)
- (08) Radio (built-in)
- (58) Add-on Tape Deck, Radio, AC
- (10) Sunvisor, Fitting(s) and/or Top Molding

FLOOR

- (40) Floor
- (27) Console on Floor or Between Seats
- (44) Transmission Lever on Floor or Console
- (85) Parking Brake Handle on Floor or Console
- (28) Foot Controls (incl parking brake pedal)

INTERIOR-GENERAL

- (11) Transmission Selector Lever (location unk)
- (59) Transmission Lever on Steering Column
- (44) Transmission Lever on Floor or Console
- (07) Parking Brake Handle (location unknown)
- (84) Parking Brake Handle in Front
- (85) Parking Brake Handle on Floor on Console
- (28) Foot Control (incl parking brake pedal)
- (29) Front Seat back(s)
- (51) Front Seat Cushion
- (50) Rear Seat Cushion and Back
- (30) Head Restraint
- (49) Armrest on Seat
- (89) Under Seat Bottom
- (33) Restraint System Hardware
- (34) Restraint System Webbing
- (87) Air Cushion Skin (Air bag)
- (47) Air Bag Compartment Door/Cover
- (48) Knee Restraint
- (30) Head Restraint
- (31) Interior Loose Object
- (32) Other Occupant(s)
- (52) Internal Flying Glass (From Any Source)

SIDES

- (20) Surface of Side Interior
- (19) Hardware on Side or Door
- (13) Armrest on Side or Door
- (24) Coat Hooks
- (22) Window Glass (side)
- (21) Window Frames (side)
- (26) Roof Side Rail
- (14) A-Pillar
- (15) B-Pillar
- (16) C-Pillar
- (17) D-Pillar

REAR

- (88) Surface of Rear Interior
- (23) Backlight (rear window)
- (39) Backlight Header
- (50) Rear Seat Cushion and Back

ROOF

- (25) Roof or Convertible Top
- (10) Sunvisor Fitting(s) and/or Top Molding
- (26) Roof Side Rail
- (24) Coat Hook
- (18) Dome Light
- (39) Backlight Header

EXTERIOR SURFACE OF CASE VEHICLE

- (37) Outside Surface of Case Vehicle
(Specific Area Unknown)
- (35) Hood of Case Vehicle
- (60) Exterior of Case Vehicle Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (62) Exterior Side Roof Rail of Case Vehicle
- (63) Trunk Lid of Case Vehicle
- (64) Tires of Case Vehicle

BEYOND CASE VEHICLE BOUNDARY

- (36) Area Exterior to Car (Specific Area Unknown)
- (70) Hood of Other Vehicle
- (71) Other Vehicle Exterior Hardware
(e.g., Outside Mirrors, Antenna, Trim)
- (73) Exterior Side Roof Rail of Other Vehicle
- (74) Headlight or Front Grill of Other Vehicle
- (75) Trunk of Other Vehicle
- (76) Outside Surface of Other Vehicle
- (77) Tires of Other Vehicle
- (78) Ground
- (79) Water
- (80) Exterior Object (Not Vehicle, Ground or Water): _____

PENETRATING OBJECTS

- (61) Other Vehicle
- (72) Objects: _____

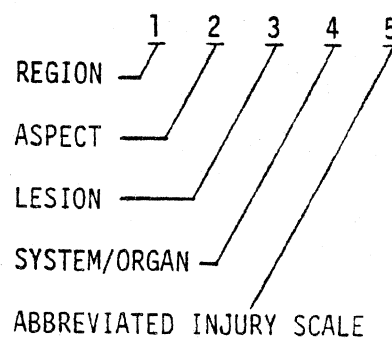
MISCELLANEOUS

- (38) Other (e.g., fire): _____
- (98) Impact Force, "Whiplash," Hyperextension/
Compression
- (99) No Contact (invalid field form code)
- (00) Unknown Area of Contact

OCCUPANT INJURY CLASSIFICATION (OIC)

<u>1</u>	<u>BODY REGION</u>	<u>2</u>	<u>ASPECT</u>	<u>3</u>	<u>LESION</u>
H	Head-Skull	R	Right	L	Laceration
F	Face	L	Left	C	Contusion
N	Neck	B	Bilateral	A	Abrasion
S	Shoulder	C	Central	F	Fracture
X	Upper Extremities	A	Anterior/Front	P	Pain
A	Arm (Upper)	P	Posterior/Back	K	Concussion
E	Elbow	S	Superior/Upper	H	Hemorrhage
R	Forearm	I	Inferior/Lower	V	Avulsion
W	Wrist-Hand	W	Whole Region	R	Rupture
C	Chest	U	Unknown	S	Sprain
M	Abdomen			D	Dislocation
B	Back			N	Crushing
P	Pelvic-Hip			M	Amputation
Y	Lower Extremities			B	Burn
T	Thigh			X	Asphyxia
K	Knee			O	Other
L	Leg (Lower)			U	Unknown
Q	Ankle-Foot				
O	Whole Body				
U	Unknown				

<u>4</u>	<u>SYSTEM/ORGAN</u>	<u>5</u>	<u>AIS</u>
S	Skeletal	0	None
V	Vertebrae	1	Minor
J	Joints	2	Moderate
D	Digestive	3	Severe
L	Liver	4	Serious
N	Nervous System	5	Critical
B	Brain	6	Maximum
C	Spinal Cord	9	Unknown
E	Eyes, Ears		
	Cardiovascular		
A	Arteries		
H	Heart		
Q	Spleen		
G	Urogenital		
K	Kidneys		
R	Respiratory		
P	Pulmonary, Lungs		
M	Muscles		
I	Integumentary		
W	All systems in region		
U	Unknown		



7 CASE I.D. NUMBER CARD 8 0 OCCUPANT NUMBER

Role of Individual at First Impact

2 14

- (0) Unknown
(1) Motor Vehicle Driver
(2) Motor Vehicle Passenger (not driver)

Posture

11 15

- (10) Sitting on Seat
(11) Sitting on Seat in Abnormal Position
(12) Sitting on Console
(20) On Lap or in Arms
(30) Standing on Seat
(40) Standing on Floor
(47) Standing - External to Passenger Compartment
(50) In Bassinet
(60) In Child Seat
(65) In Child Harness
(70) Lying on Seat
(80) Lying or Sitting on Passenger Floor
(83) Lying or Sitting on Other Object in Passenger Compartment
(85) On Station Wagon Cargo Floor or Fold Seat Back
(87) Lying or Sitting - External to Passenger Compartment
(98) Other:
(00) Unknown

Non-Impact Medical Conditions for Each Occupant

9 17

- (0) None
(1) Yes - Time and Type Unknown
(2) Pre-Crash Fatal (Clinical Death at Wheel)
(3) Pre-Crash Non-Fatal (Prior Injury, Stroke)
(4) Pregnant
(5) Post-Crash Fatal (Drowning)
(6) Post-Crash Non-Fatal Injury
(8) Other:
(9) Unknown

Occupant Alcohol Involvement/Test

1 18

- (0) Unknown (999 Below)
(1) No Test, Alcohol Not Suspected (000 Below)
(2) No Test, Alcohol Indicated & No Test Requested (999 Below)
(3) No Test, Test Requested & Refused (999 Below)
(4) No Test, Reason Unknown & Alcohol Indicated (999 Below)
(5) No Test, But Charged (DWI) Booked Drunk
(6) No Test, Fled Scene
(8) BAC Tested, Results Not Provided (999 Below)
(9) BAC Tested and Results Reported (BAC Below)

Occupant Blood Alcohol Level (MG %)

19

- (999) Unknown, No Results
(000) No Drinking or "-Results" Record Actual MG %

Occupant Alcohol Test

22

- (1) Yes, Type Unknown
(2) None
(4) Urine
(5) Spinal
(6) Breath
(7) Blood
(8) Other:
(9) Several of Above
(0) Unknown

Seat Belt Buzzer/Interlock Equipped

23

- (0) Unknown
(1) Equipped, Type Unknown
(2) Not Equipped
(4) Non-Cycled Buzzer
(5) Ignition Interlock
(6) 4-second buzzer (post-interlock)
(9) Other:

Seat Belt Buzzer Operational

24

- (0) Unknown if Operational
(1) Yes, Operational
(2) Not Operational, Reason Unknown
(3) Not Applicable. Not Equipped

System Inhibited by:

- (4) Fastening Belts Together 'Behind Occupant, Behind Seat, Under Seat, in Front of Seat, Etc.)
(5) Disconnection, Removal, Intentional Destruction
(6) Fixing in Pulled-out Position (Knotted, Twisted, Folded Back, Tucked into Seat, Hooked to Upper Belt. Etc.)
(7) Temporarily Fixing (Sitting on Belt, Holding onto Belt, Hooked on Door, Etc.)
(8) Letting it Buzz
(9) Other: (Defective)

Ignition Interlock Operational (1, 2, 3, 0)

25

Passive Restraint System Equipped

26

- (1) Yes, Type Unknown
(2) No
(4) Air Bag
(5) Knee and Torso Restraint (e.g., VW)
(9) Other:
(0) Unknown

Activated

27

- (1) Yes
(2) No
(3) Not Applicable
(0) Unknown

Restraint System Malfunction or Separation

28

- (1) Yes, Area Unknown
(2) No
(3) Not Applicable, No Restraints Equipped
(4) At Buckle
(5) In Webbing
(6) At Anchorage
(7) In Retractor
(8) In Passive System
(0) Unknown Whether Malfunction Occurred

Investigator Judgement of Restraint System Effectiveness

29

- (0) Unknown
(1) Reduced Injury Severity
(2) Could Have Reduced Severity if Worn (Correctly)
(3) No Opinion
(4) Could Not Have Reduced Severity if Worn
(5) Did Not Reduce Overall Severity
(6) Did Increase Overall Severity
(7) Would Have Increased Severity if Worn
(8) More Restraints Would Have Been Better

Treatment/Mortality

02
11

- (00) None
- (01) First Aid at Scene
- (02) Treated at Hospital/Clinic But Not Admitted
- (03) Hospitalized (Observation less than 24 Hours)
- (04) Hospitalized for Over 24 Hours or Significant Treatment
- (05) Fatal - Dead at Scene
- (06) Fatal - DOA
- (07) Fatal - Dead Within 24 Hours
- (08) Fatal - Dead 24 Hours - 1 Year
- (09) Fatal - Dead, Period Unknown
- (99) Unknown

EMS Contributory to Severity (0,1,2)

0
12

Was Emergency Medical Services (EMS) contributory to injury severity or fatality, e.g., because of delays or due to improper/insufficient/no treatment on-scene or in-transport?

(4) Exemplary Service

Autopsy Performed (0,1,2,3)

3
13

Overall Police Injury Severity (KABC)
(Note: Report Police Judgement)

2
14

- (0) O,D No Injury
- (1) C Possible Injury
- (2) B Nonincapacitating Injury
- (3) A Incapacitating Injury
- (4) K Fatal Injury
- (5) Reported as Injured, no KABC Code
- (9) Unknown

OCCUPANT INJURY CLASSIFICATION

C A R D N U M B E R	O C C U P A N T N O.	Place contacts in order of probability (horizontally). Start with most probable in col. 14-15.						PRIMARY OIC					ASSOCIATED OIC'S								
		FOUR AREA(S) OF POSSIBLE CONTACT						BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN	SEVERITY	BODY REGION	ASPECT	LESION	SYSTEM/ORGAN
1-9	10-11	12-13	14-15	16-17	18-19	20-21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
D U P L I C A T E	81	19	25				H	S	L	I	1										
F R O M	82	19	00				B	U	P	M	1										
P R E C E D I N G	83	19	00				L	U	P	M	1										
C A R D	84																				
D	85																				
	86																				
	87																				
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