



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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



PSU 49 CASE NO. 618P TYPE OF ACCIDENT Pickup / Ped. / Crossing no crosswalk

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Pedestrian injury mechanism and vehicle interaction is the focus, not pedestrian or driver culpability. Do not include any personal identifiers.)

V1 was traveling south on an undivided concrete urban residential street approaching an intersection with a stop sign. The pedestrian was walking west on a sidewalk, also approaching the intersection. V1 stopped at the intersection waiting for traffic to clear before turning left. P1 started across the street while V1 was waiting for traffic to clear. V1 started from a stop in an attempt to turn left and the front of V1 struck P1 in the right side. After impact, P1 stated that he fell southward, but did not fall down. V1 traveled a short distance southward after impact and stopped. P1 was transported and treated and released with a bruised right knee. V1 was driven.

B. PEDESTRIAN PROFILE

Pedestrian No.	Age	Sex	Treatment/Mortality	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Ana. Struc.	AIS	Injury Source
01	47	Male	Transported & released	Lower Extremity	Skin-Other	1	Bumper

Body Region	Type of Anatomic Structure	Abbreviated Injury Scale
Head	Whole Area	(1) Minor injury
Face	Vessels	(2) Moderate injury
Throat	Nerves	(3) Serious injury
Chest	Organs	(4) Severe injury
Abdomen/Pelvis	Skeletal	(5) Critical injury
Spine	Head-LOC	(6) Maximum (untreatable)
Upper Extremity	Skin-Burn	(7) Injured, unknown severity
Lower Extremity	Skin-Other	
External		

C. VEHICLE PROFILE

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection	
			Damage Plane	Damage Description
01	Pickup truck	91/Chev./Silverado	Front	Light, slight scratches to hood smudge to Bumper

DO NOT SANITIZE THIS FORM

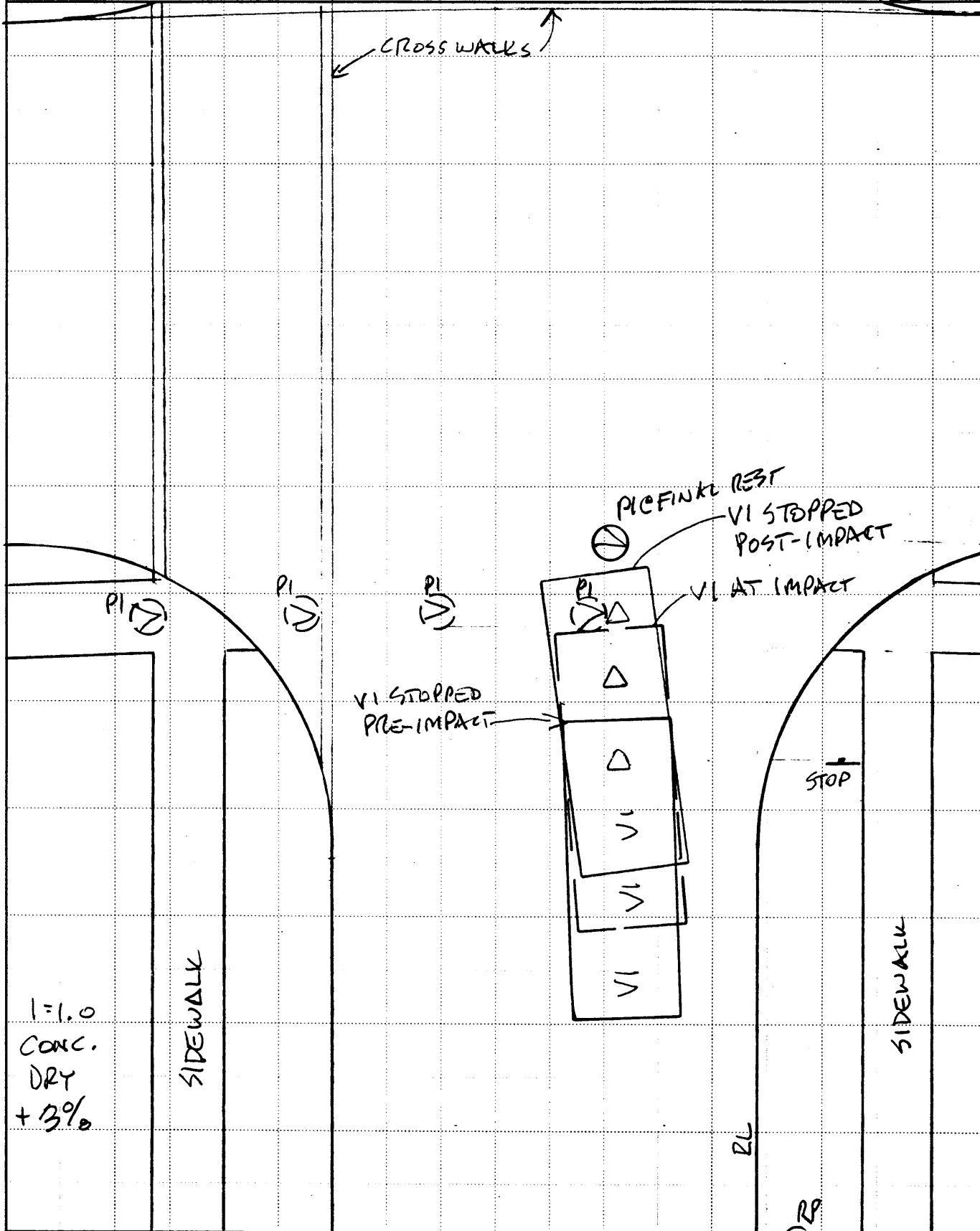


ACCIDENT COLLISION DIAGRAM

PSU No. 49

Case Number - Stratum 618P

Indicate North



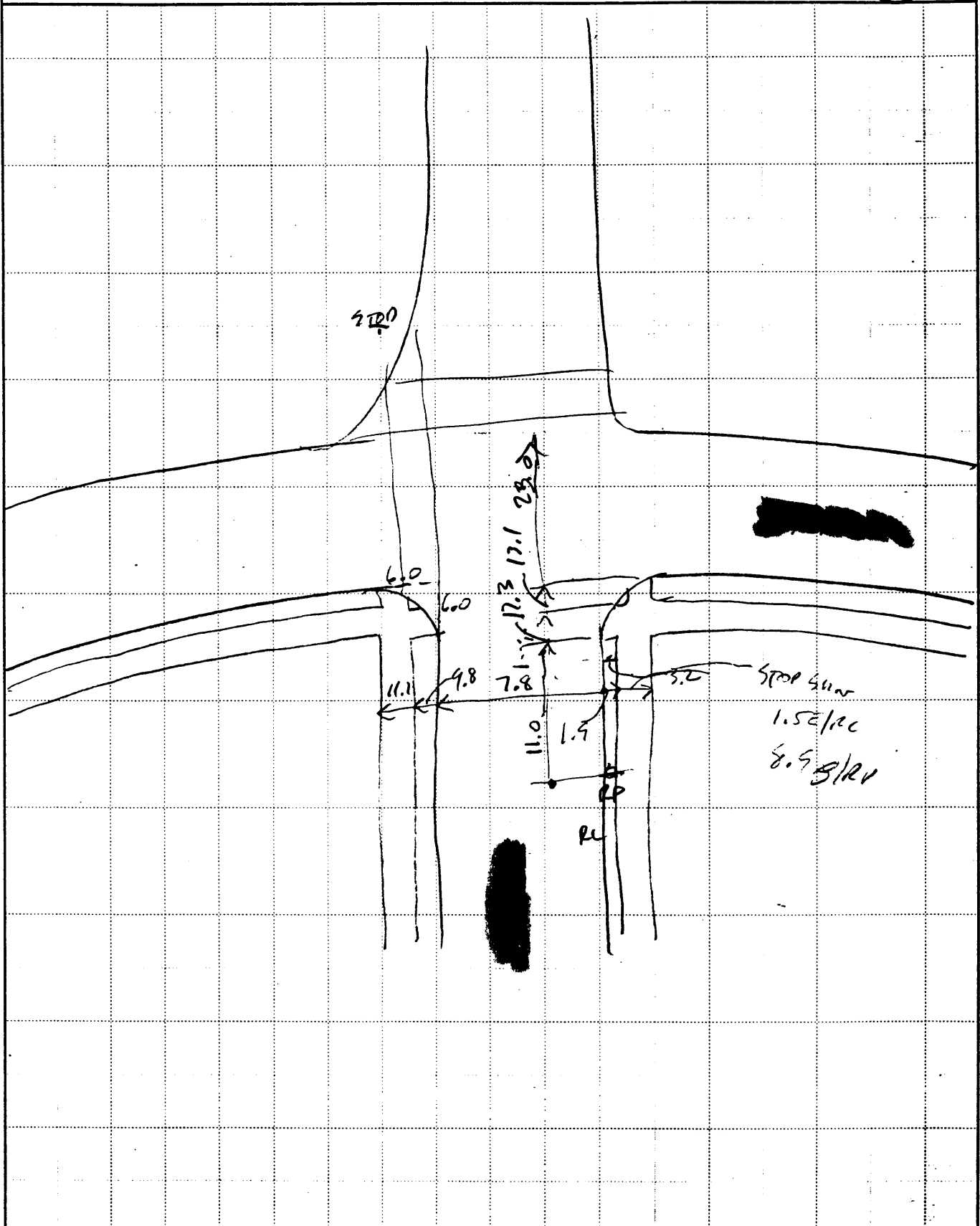


ACCIDENT COLLISION DIAGRAM

PSU No. 49

Case Number—Stratum 618P

Indicate
North





PEDESTRIAN ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 49

Case Number-Stratum 6 1 8 P

PEDESTRIAN ACCIDENT COLLISION DATA COLLECTION		SCALED DIAGRAM
<ul style="list-style-type: none"> * document reference point and reference line relative to physical features * documentation of all accident induced physical evidence including (if applicable): <ul style="list-style-type: none"> a) vehicle skid marks b) pedestrian contacts with ground or object c) vehicle/pedestrian point of impact (POI) d) location of pedestrian separation point from vehicle f) final resting points (FRP) for pedestrian and vehicle 	Surface Type <u>CONC.</u> Surface Condition <u>DRY</u> Coefficient of Friction <u>.80</u> Grade (v/h) Measurement a) at impact <u>+ 4/122</u> b) between impact and final rest <u>+ 4/122</u>	<ul style="list-style-type: none"> * north arrow placed on diagram * grade measurements for all applicable roadways * scaled representations of the physical plant including: <ul style="list-style-type: none"> a) all road/roadway delineation (e.g., crosswalks, curb/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.) b) all traffic controls (e.g., lights, signs)
	<ul style="list-style-type: none"> * documentation of the physical plant including: <ul style="list-style-type: none"> a) all road/roadway delineation (e.g., crosswalks, curb/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.) b) all traffic controls (e.g., lights, signs) 	Pedestrian Travel Direction <u>W</u> Vehicle Travel Direction <u>S</u> Number of Travel Lanes <u>2</u>

Reference Point: POLE N/W OF INTERSECT. Reference Line: WEST EDGE

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>PL TO RL</u>	<u>0.7 E</u>	<u>—</u>
<u>STOP SIGN</u>	<u>8.9 S</u>	<u>1.5 E</u>



PEDESTRIAN ACCIDENT FORM

<p>1. Primary Sampling Unit Number <u>49</u></p> <p>2. Case Number - Stratum <u>618 P</u></p>	SPECIAL STUDIES - INDICATORS
IDENTIFICATION	Check (✓) each special study (SS15-SS19 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.
<p>3. Number of General Vehicle Forms Submitted <u>0 1</u></p> <p>4. Date of Accident (Month,Day,Year) <u>[REDACTED] 1 9 5</u></p> <p>5. Time of Accident <u>0810</u></p> <p style="font-size: x-small;">Code reported military time of accident.</p> <p style="font-size: x-small;">NOTE: Midnight = 2400 Unknown = 9999</p>	<p>6. <input type="checkbox"/> SS15 Administrative Use <u>0</u></p> <p>7. <input checked="" type="checkbox"/> SS16 Pedestrian Crash Data Study <u>1</u></p> <p>8. <input type="checkbox"/> SS17 Impact Fires <u>0</u></p> <p>9. <input type="checkbox"/> SS18 _____ <u>0</u></p> <p>10. <input type="checkbox"/> SS19 _____ <u>0</u></p>
	NUMBER OF EVENTS
	<p>11. Number of Recorded Events in This Accident <u>0 1</u></p>

PEDESTRIAN STUDY CRITERIA

Pedestrian Definition:

Any person who is on a trafficway or on a sidewalk or path contiguous with a trafficway, or on private property (e.g., parking lot). Note: Pedestrians include persons who are in contact with the ground, roadway, etc. and are pushing carts, wagons, etc. or holding on to a vehicle.

Persons in or on a nonmotorist conveyance are not pedestrians and are excluded from this study. A nonmotorist conveyance is defined as any human powered device by which a nonmotorist may move, or by which a pedestrian or nonmotorist may move another nonmotorist. A nonmotorist conveyance for purposes of this study includes the following: bicycles, baby carriages, roller skates/blades, push carts, scooters, wheelchairs, animals, etc. For example, persons on a bicycle/scooter, roller skating/blading, in a baby carriage/push cart/wheelchair or on a horse are excluded.

Case Selection Criteria:

A forward moving, late model year (VEH04 equals 90 to 95) CDS applicable vehicle (VEH07 equals 01 to 49) must strike a pedestrian.

The striking portion of the vehicle structure must be original equipment manufacturer (OEM) without previous damage and or parts removed in the impact area. For example, vehicles equipped with deer guards, winches, snow plows, etc. or previously damaged in the impact area are excluded.

The pedestrian may not be lying or sitting.

The pedestrian impact(s) are the vehicle's only impact(s). If multiple pedestrians are impacted, each pedestrian shall be a separate case.

The first point of contact between the late model year, CDS applicable vehicle and the pedestrian must be forward of the top of the A pillar.

PEDESTRIAN ACCIDENT EVENTS

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>LS</u>	15. <u>E</u>	16. <u>7 2</u>	17. <u>0 0</u>	18. <u>0</u>

**CODES FOR
CLASS OF VEHICLE**

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type

**CODES FOR GENERAL AREA
OF DAMAGE (GAD)**

**CDS APPLICABLE
VEHICLES**

- (F) Front
- (R) Right side
- (L) Left side
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

Collision with Nonfixed Object

- (72) Pedestrian



PEDESTRIAN ASSESSMENT FORM

1. Primary Sampling Unit Number <u>49</u>	10. Pedestrian's Weight <u>091</u> Code actual weight to the nearest kilogram. (999) Unknown <u>200</u> pounds X .4536 = <u>91</u> kilograms
2. Case Number - Stratum <u>618P</u>	
3. Pedestrian Number <u>01</u>	

PEDESTRIAN'S CHARACTERISTICS	PEDESTRIAN'S PRE-AVOIDANCE ACTIONS
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4. Pedestrian's Age <u>47</u> Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	11. Pedestrian Attitude <u>1</u> (1) Standing (2) Crouching (3) Kneeling (4) Bending at waist (8) Other (specify): _____ (9) Unknown
5. Pedestrian's Sex <u>1</u> (1) Male (2) Female - not reported pregnant (3) Female - pregnant-1st trimester (1st-3rd month) (4) Female - pregnant-2nd trimester (4th-6th month) (5) Female - pregnant-3rd trimester (7th-9th month) (6) Female - pregnant-term unknown (9) Unknown	12. Pedestrian Motion <u>2</u> (0) Not moving (1) Walking slowly (2) Walking rapidly (3) Running or jogging (4) Hopping (5) Skipping (6) Jumping (7) Falling/stumbling or rising (8) Other (specify): _____ (9) Unknown
6. Pedestrian's Overall Height <u>185</u> Code actual height to the nearest centimeter. (999) Unknown <u>6-1" 73"</u> inches X 2.54 = <u>185</u> centimeters	13. Pedestrian's Action Relative to Vehicle <u>01</u> (00) Stopped (01) Crossing road, straight (02) Crossing road, diagonally (03) Moving in road, with traffic (04) Moving in road, against traffic (05) Off road, approaching road (06) Off road, going away from road (07) Off road, moving parallel (08) Off road, crossing driveway (09) Off road, moving along driveway (98) Other (specify): _____ (99) Unknown
7. Pedestrian's Height - Ground to Knee <u>51</u> Code to the nearest centimeter. (999) Unknown _____ inches X 2.54 = <u>51</u> centimeters	14. Pedestrian's Body (Chest) Orientation <u>4</u> Relative to Striking Vehicle Prior to Avoidance Actions (1) Facing vehicle (2) Facing away (3) Left side to vehicle (4) Right side to vehicle (8) Other (specify): _____ (9) Unknown
8. Pedestrian's Height - Ground to Hip <u>105</u> Code to the nearest centimeter. (999) Unknown _____ inches X 2.54 = <u>105</u> centimeters	
9. Pedestrian's Height - Ground to Shoulder <u>156</u> Code to the nearest centimeter. (999) Unknown _____ inches X 2.54 = <u>156</u> centimeters	

PEDESTRIAN'S AVOIDANCE ACTIONS

15. Pedestrian's First Avoidance Actions 00
- (00) No avoidance actions
 - (01) Stopped
 - (02) Accelerated pace
 - (03) Ran away (along vehicle path)
 - (04) Jumped
 - (05) Turned toward vehicle
 - (06) Turned away from vehicle
 - (07) Dove or fell away
- Used hand(s) to :
- (11) Vault corner of vehicle
 - (12) Vault onto vehicle
 - (13) Brace against vehicle
 - (14) Crouched and braced hands against vehicle
 - (98) Other (specify): _____
 - (99) Unknown

18. Pedestrian's Arm Orientation at Initial Impact 11
- (01) At sides
 - (02) Folded across chest
 - (03) Hands clasped behind back
 - (04) Hands on hips
 - (05) Hands in pockets

- One or both arms:
- (06) Extended upward
 - (07) Extended to side
 - (08) Extended forward bracing
 - (09) Extended, holding object (briefcase, suitcase, etc.)
 - (10) Holding object (young child, grocery bag, etc.) in arm(s)
 - (11) Holding object (young child, grocery bag, etc.) on shoulder(s) or head
 - (98) Other (specify): _____
 - (99) Unknown
- SHOULDER BAG*

PEDESTRIAN'S ORIENTATION AT IMPACT

16. Pedestrian's Head Orientation at Initial Impact 1
- (1) To front
 - (2) To left
 - (3) To right
 - (4) Up
 - (5) Down
 - (8) Other (specify): _____
 - (9) Unknown

17. Pedestrian's Body (Chest) Orientation at Initial Impact 4
- (1) Facing vehicle
 - (2) Facing away
 - (3) Left side to vehicle
 - (4) Right side to vehicle
 - (8) Other (specify): _____
 - (9) Unknown

19. Pedestrian's Leg Orientation at Initial Impact 99
- (01) Together
 - (02) Apart-laterally
 - (03) Apart-right leg forward
 - (04) Apart-left leg forward
 - (05) Apart- forward leg unknown
 - (06) Left foot off the ground
 - (07) Right foot off the ground
 - (08) Both feet off the ground
 - (98) Other (specify): _____
 - (99) Unknown

20. Vehicle/Pedestrian's Interaction 05
- (01) Carried by vehicle, wrapped position
 - (02) Carried by vehicle, slid to windshield
 - (03) Carried by vehicle, position unknown
 - (04) Passed over vehicle top
 - (05) Thrown straight forward
 - (06) Thrown forward and left of vehicle
 - (07) Thrown forward and right of vehicle
 - (08) Knocked to pavement, forward
 - (09) Knocked to pavement, left of vehicle
 - (10) Knocked to pavement, right of vehicle
 - (11) Knocked to pavement, run over or dragged by vehicle
 - (12) Shunted to left (corner impacts only)
 - (13) Shunted to right (corner impacts only)
 - (14) Bumped or pushed aside
 - (15) Snagged, rotated
 - (16) Snagged, dragged by vehicle
 - (17) Foot or legs run over
 - (98) Other (specify): _____
 - (99) Unknown

OFFICIAL RECORDS

INJURY CONSEQUENCES

21. Police Reported Alcohol Presence
For Pedestrian

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

0

22. Alcohol Test Result For Pedestrian
Code actual value (decimal implied
before first digit—0.xx)

- (95) Test refused
(96) None given
(97) AC (Alcohol Content)
test performed, results unknown
(99) Unknown if test given

96

Source: PM

23. Police Reported Other Drug Presence
For Pedestrian

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(9) Unknown

0

24. Other Drug Specimen Test Result
For Pedestrian

- (0) No specimen test given
(1) Drug not found in specimen
(2) Drug found in specimen,
(specify): _____
(3) Specimen test given,
results unknown or not obtained
(9) Unknown

0

25. Injury Severity (Police Rating)

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

1

26. Treatment - Mortality

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

4

Nonfatal

- (3) Hospitalization
(4) Transported and released
(5) Treatment at scene - non-transported
(6) Treatment later
(8) Treatment - other (specify):

(9) Unknown

27. Type Of Medical Facility
(for Initial Treatment)

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

2

28. Hospital Stay

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

00

29. Working Days Lost

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

01

STOP - VARIABLES 30 THROUGH 37 ARE COMPLETED BY THE ZONE CENTER

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

31. Was the Pedestrian Given Blood? 1X
 (1) No - blood not given
 (2) Yes - blood given (specify units): 01
 (9) Unknown if blood given

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

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

34. 1st Medically Reported Cause of Death 00

35. 2nd Medically Reported Cause of Death 00

36. 3rd Medically Reported Cause of Death 00
 Code the Pedestrian Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this pedestrian's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):
 (97) Other result (includes fatal ruled disease) (specify):
 (99) Unknown

37. Number of Recorded Injuries for This Pedestrian 01
 Code the actual number of injuries recorded for this pedestrian.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO YES

UPDATE CANDIDATE? NO YES



PEDESTRIAN INJURY FORM

1. Primary Sampling Unit Number 49	3. Pedestrian Number 0 1
2. Case Number - Stratum 6 18 P	4. Blank X X

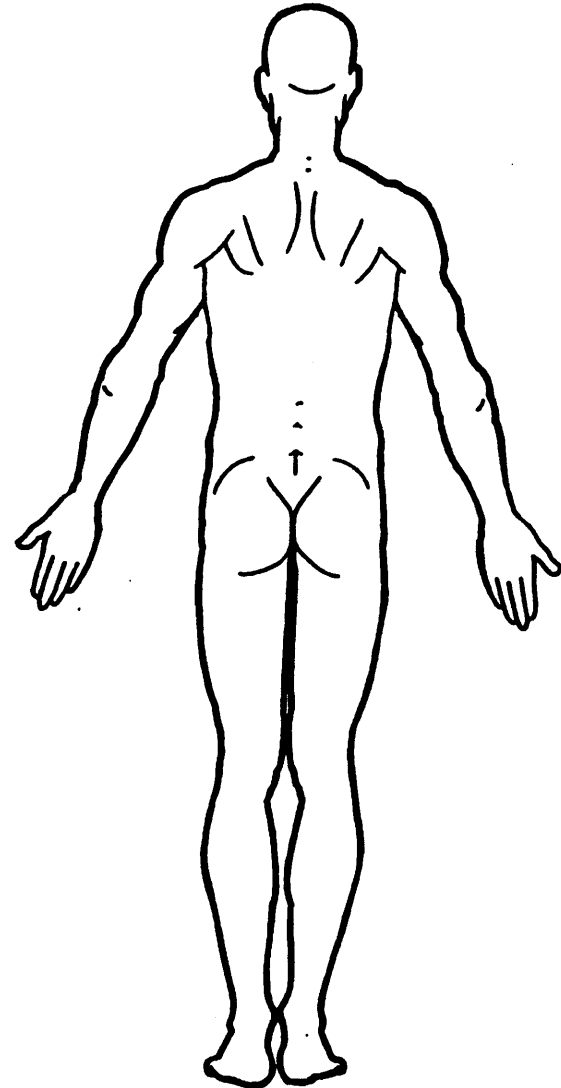
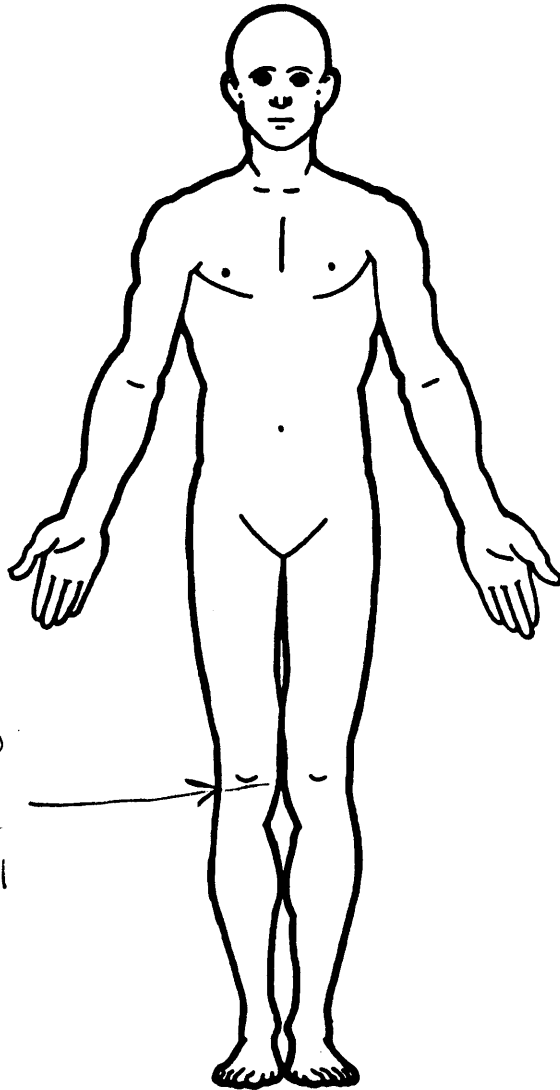
INJURY DATA

Record below the actual injuries sustained by this pedestrian in **CHRONOLOGICAL** order that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than twenty-five injuries have been documented, encode the balance on the Pedestrian Injury Supplement.

	AIS-90							Injury Source	Injury Confidence Level	Direct/Indirect Injury	Striking Profile	Type Of Damage	Damage Depth
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
1st	5. 7	6. 8	7. 9	8. 04	9. 02	10. 1	11. 1	12. 200	13. 1	14. 1	15. 2	16. 2	17. 2
2nd	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___
3rd	31. ___	32. ___	33. ___	34. ___	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___
4th	44. ___	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___	55. ___	56. ___
5th	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___
6th	70. ___	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___
7th	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___	95. ___
8th	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___	105. ___	106. ___	107. ___	108. ___
9th	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___
10th	122. ___	123. ___	124. ___	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

- No
- Yes

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

Blood Alcohol Level (mg/dl)

BAL = ?

Glasgow Coma Scale Score

GCSS = 02

Units of Blood Given

Units = 0

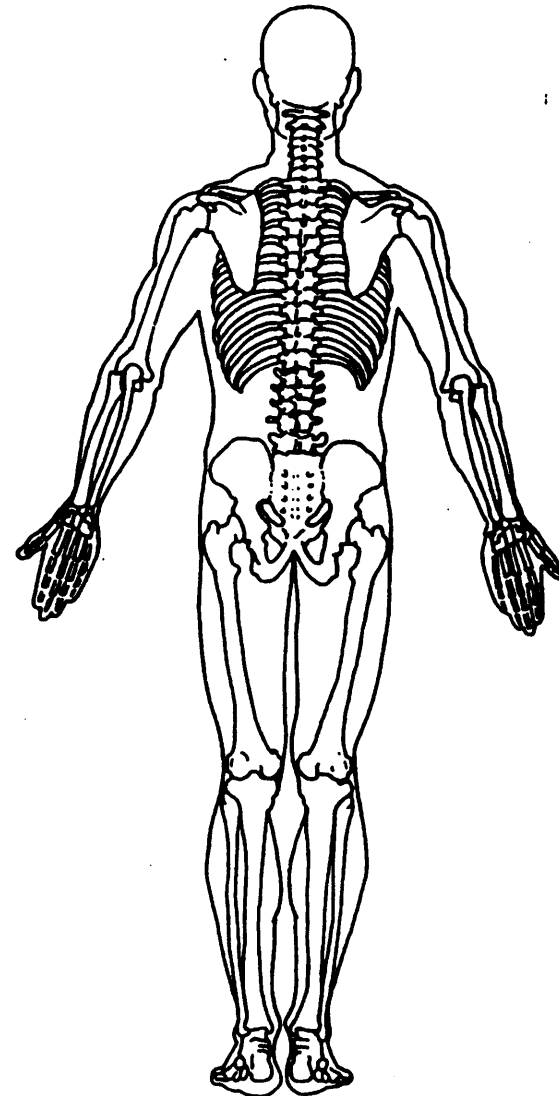
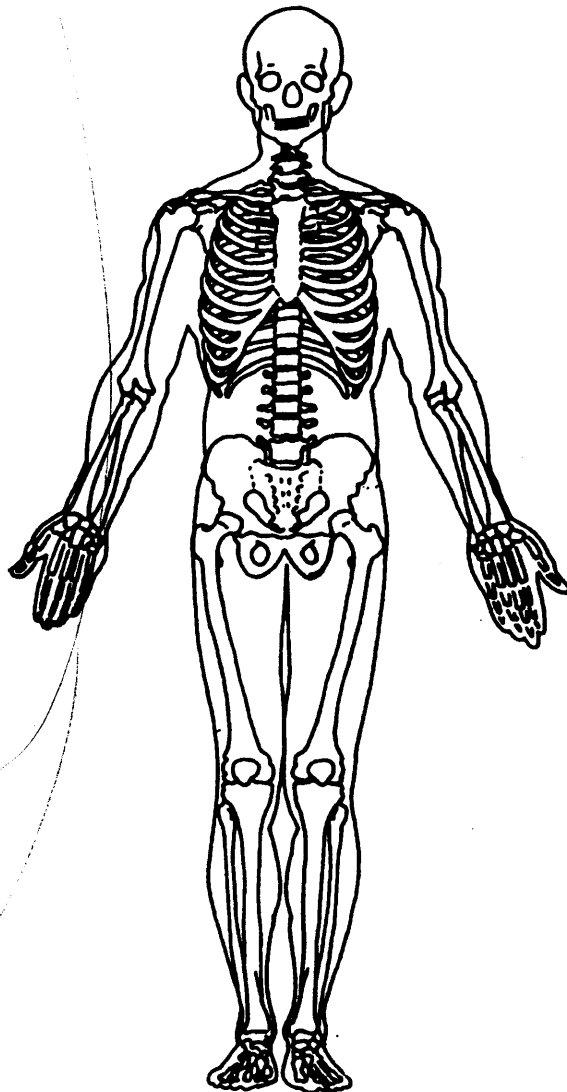
Arterial Blood Gases

Ph =

PO₂ =

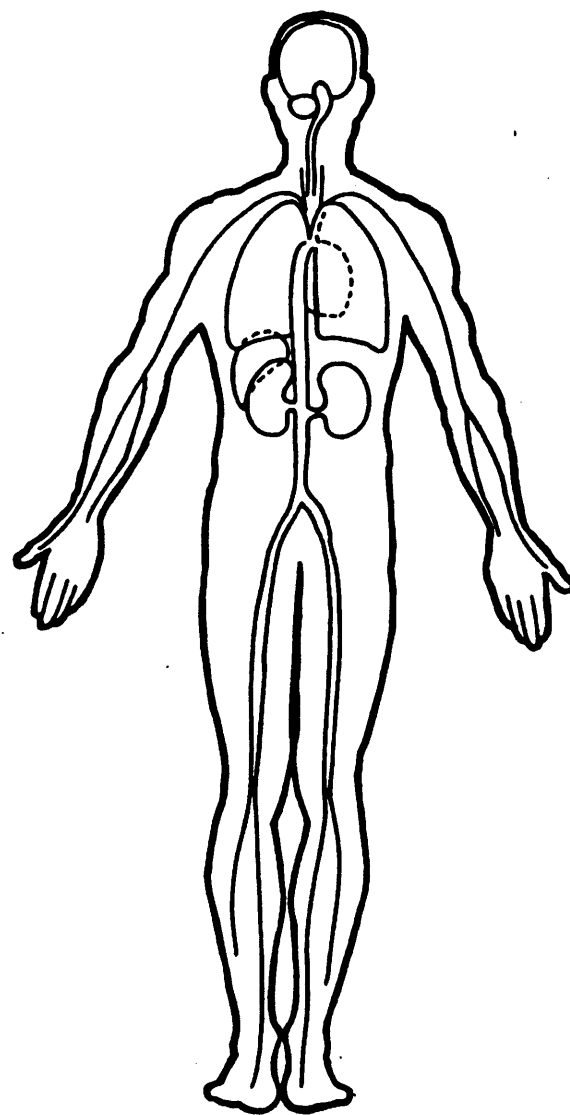
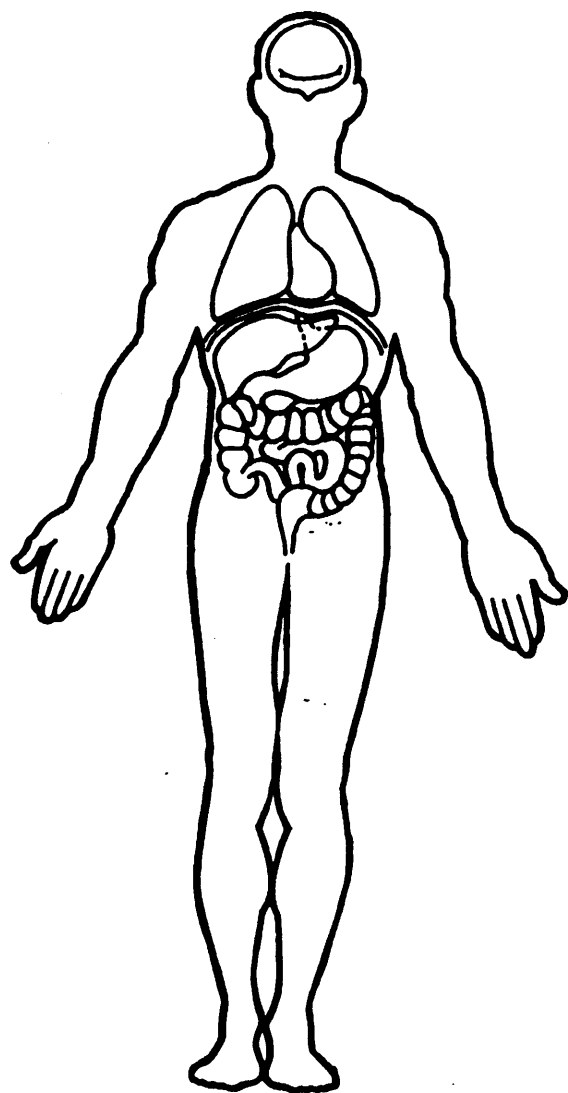
PCO₂ =

HCO₃ =



OFFICIAL INJURY DATA — INTERNAL INJURIES

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



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE CONFIDENCE LEVEL

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

DIRECT/INDIRECT INJURY

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

STRIKING PROFILE

- (0) Injury not from vehicle contact
- (1) Flat-Narrow (< 15 centimeters)
- (2) Flat-Wide (≥ 15 centimeters)
- (3) Rounded (contoured)
- (4) Rounded edge
- (5) Sharp edge
- (8) Other (specify): _____
- (9) Unknown

TYPE OF DAMAGE

- (0) Injury not from vehicle contact
- (1) No damage/contact
- (2) Scratch (Scuff, Cloth Transfer, Smear)
- (3) Dent
- (4) Large deformation
- (5) Cracked, fractured, shattered
- (6) Separated from vehicle
- (7) Noncontact injury
- (8) Other specify: _____
- (9) Unknown

DAMAGE DEPTH

- (0) Injury not from vehicle contact
- (1) No residual damage
- (2) Surface only damage
- (3) Crush depth > 0 to 2 centimeters
- (4) Crush depth > 2 to 5 centimeters
- (5) Crush depth > 5 to 10 centimeters
- (8) Other specify: _____
- (9) Unknown

PEDESTRIAN INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

- Whole Area
- (02) Skin - Abrasion
 - (04) Skin - Contusion
 - (06) Skin - Laceration
 - (08) Skin - Avulsion
 - (10) Amputation
 - (20) Burn
 - (30) Crush
 - (40) Degloving
 - (50) Injury - NFS
 - (90) Trauma, other than mechanical
- Head - LOC
- (02) Length of LOC
 - (04, 06, 08) Level of Consciousness
 - (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

INJURY SOURCE**FRONT**

- 700 Front bumper
- 701 Front lower valance/spoiler
- 702 Front grille
- 703 Hood edge and/or trim
- 704 Hood ornament (fixed)
- 705 Hood ornament (spring loaded)
- 706 Headlight
- 707 Retractable headlight door (Open/Closed)
- 708 Turn signal/parking lights
- 718 Other front or add on object (specify): _____
- 719 Unknown front object

Left Side Components

- 720 Front fender side surface
- 721 Front antenna
- 722 A1 pillar
- 723 A2 pillar
- 724 B pillar
- 725 C pillar
- 726 D pillar
- 728 Other pillar (specify): _____
- 729 Left side roof rail
- 730 Left side door surface
- 731 Left side door handle
- 732 Left side mirror fixed housing
- 733 Left side folding mirror
- 734 Left side glazing forward of B pillar
- 735 Left side glazing rearward of B pillar
- 736 Left side back fender or quarter panel
- 737 Rear antenna
- 738 Other left side object (specify): _____
- 739 Unknown left side component

Right Side Components

- 740 Front fender side surface
- 741 Front antenna
- 742 A1 pillar
- 743 A2 pillar

- 744 B pillar
- 745 C pillar
- 746 D pillar
- 748 Other pillar (specify): _____
- 749 Right side roof rail
- 750 Right side door surface
- 751 Right side door handle
- 752 Right side mirror fixed housing
- 753 Right side folding mirror
- 754 Right side glazing forward of B pillar
- 755 Right side glazing rearward of B pillar
- 756 Rear antenna
- 757 Rear fender or quarter panel
- 758 Other right side object (specify): _____
- 759 Unknown right side component

Back Components

- 760 Rear (back) bumper
- 761 Tailgate
- 762 Hatchback, vertical surface
- 768 Other back component (specify): _____
- 769 Unknown back component

Top Components

- 770 Hood surface
- 771 Hood surface reinforced by under hood component
- 772 Front fender top surface
- 773 Cowl area
- 774 Wiper blade & mountings
- 775 Windshield glazing
- 776 Front header
- 777 Roof surface
- 778 Backlight glazing
- 779 Rear header
- 780 Hatchback
- 781 Rear trunk lid
- 788 Other top component (specify): _____
- 789 Unknown top component

Wheels / tires

- 790 Left front wheel / tire
- 791 Right front wheel / tire
- 792 Left rear wheel / tire
- 793 Right rear wheel / tire
- 798 Other wheel / tire (specify): _____
- 799 Unknown wheel / tire

Undercarriage components

- 800 Front crossmember
- 801 Steering assembly/Front suspension
- 802 Oil pan
- 803 Exhaust system pipe
- 804 Transmission
- 805 Drive shaft
- 806 Catalytic converter
- 807 Muffler
- 808 Floor pan
- 809 Fuel tank
- 810 Rear suspension
- 818 Other undercarriage component (specify): _____
- 819 Unknown undercarriage component

Accessories

- 820 Air scoop, deflector
- 821 Cellular or CB radio antenna
- 822 Emergency lights or bar
- 823 Fog lights
- 824 Luggage, ski, or bike rack
- 825 Cargo (specify): _____
- 826 Spare tire
- 827 Spotlight
- 828 Other accessory (specify): _____

Other Object or Vehicle in Environment

- 947 Ground
- 948 Other object (specify): _____
- 949 Unknown object in environment
- 959 Unknown object on contacting vehicle
- 997 Noncontact injury source
- 999 Unknown injury source



OFFICIAL RECORDS

1. Primary Sampling Unit Number 49
 2. Case Number - Stratum 6 18 P
 3. Vehicle Number 0 1

9. Police Reported Travel Speed 999

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

___ mph X 1.6093 = ___ kmph

VEHICLE IDENTIFICATION

4. Vehicle Model Year 91
 Code the last two digits of the model year
 (99) Unknown

10. Speed Limit 048

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

5. Vehicle Make (specify): 20
CHEVROLET
 Applicable codes are found in your NASS PCDS Data Collection, Coding and Editing Manual.
 (99) Unknown

30 mph X 1.6093 = 48 kmph

6. Vehicle Model (specify): 48
SILVERADO 1500
 Applicable codes are found in your NASS PCDS Data Collection, Coding and Editing Manual.
 (999) Unknown


11. Police Reported Alcohol Presence For Driver 0

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

7. Body Type 31
 Note: Applicable codes may be found on the back of this page.

12. Alcohol Test Result For Driver 96

Code actual value (decimal implied before first digit—0.xx)
 (95) Test refused
 (96) None given
 (97) AC (Alcohol Content) test performed, results unknown
 (98) No driver present
 (99) Unknown

8. Vehicle Identification Number
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
1GCDC14Z4MZ 

Source: P.A.R.

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

13. Police Reported Other Drug Presence For Driver 0

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

14. Other Drug Specimen Test Result For Driver 0

(0) No specimen test given
 (1) Drug not found in specimen
 (2) Drug found in specimen (specify): _____
 (3) Specimen test given, results unknown or not obtained
 (8) No driver present
 (9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Rancho, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (≤ 4,500 kgs GVWR)
- (23) Van based motorhome (≤ 4,500 kgs GVWR)
- (24) Van based school bus (≤ 4,500 kgs GVWR)
- (25) Van based other bus (≤ 4,500 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____

- (59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

- (60) Step van (> 4,500 kgs GVWR)
- (61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)
- (63) Single unit straight truck (> 12,000 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

VEHICLE WEIGHT ITEMS

15. Vehicle Curb Weight 1690
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3721 lbs X .4536 = 1688 kgs

Source: 

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

RECONSTRUCTION DATA

18. Impact Speed 000
5.8 Nearest kmph

(NOTE: 000 means greater than .5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

19. Accuracy Range of Impact Speed Estimate 1
 (0) No reconstruction
 (1) Less than 2 kmph
 (2) ≥ 2 kmph and ≤ 8 kmph
 (3) ≥ 9 kmph and ≤ 16 kmph
 (4) ≥ 17 kmph and ≤ 26 kmph
 (9) Unknown

20. Data Source of Impact Speed 1
 (0) No impact speed calculated
 (1) Zone center calculation
 (2) Police calculation
 (3) Driver/witness/police estimates

PRECRASH DATA

21. Driver's Attention to Driving 1
 (Prior to Recognition of Critical Event)
 (1) Full attention to driving
 (2) Distracted by other occupant
 (3) Distracted by moving object in vehicle
 (4) Distracted by outside person, object, or event
 (5) Talking on cellular phone or CB radio
 Specify: _____
 (6) Sleeping or dozing while driving
 (8) Other (specify): _____
 (9) Unknown 10

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

OTHER DATA

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

**STOP - VARIABLES 18 THROUGH 20
 ARE COMPLETED BY THE ZONE CENTER**

23. Critical Precrash Event

This Vehicle Loss of Control Due To:

- ~~80~~
15
- (01) Blow out or flat tire
 - (02) Stalled engine
 - (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 - (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 - (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 - (06) Traveling too fast for conditions
 - (08) Other cause of control loss (specify): _____

(09) Unknown cause of control loss

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location

(83) Pedalcyclist or other nonmotorist in roadway (specify): _____

(84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____

(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

24. Attempted Avoidance Maneuver

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

25. Precrash Stability After Avoidance Maneuver

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

26. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

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

ENVIRONMENTAL DATA

- | | |
|--|---|
| <p>27. Relation to Junction <u>3</u></p> <p>(0) Non-junction
(1) Interchange area</p> <p><i>Non-Interchange</i></p> <p>(2) Intersection
(3) Intersection-related
(4) Drive, alley access related
(5) Other non-interchange (specify):</p> <p>(6) <u>Unknown type of non-interchange</u>
(9) Unknown if interchange</p> | <p>33. Roadway Surface Condition <u>1</u></p> <p>(1) Dry
(2) Wet
(3) Snow and slush
(4) Ice
(5) Sand, dirt or oil
(8) Other (specify): _____
(9) Unknown</p> |
| <p>28. Trafficway Flow <u>1</u></p> <p>(1) Not physically divided (two way traffic)
(2) Divided trafficway - median strip without positive barrier
(3) Divided trafficway - median strip with positive barrier
(4) One way trafficway
(9) Unknown</p> | <p>34. Traffic Control Device <u>2</u></p> <p>(0) No traffic control(s)
(1) Trafficway traffic control signal (not RR crossing)</p> <p><i>Regulatory or School Zone Sign (Not RR Crossing)</i></p> <p>(2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other sign (specify):</p> <p>(6) <u>Unknown sign</u>
(7) Warning sign (not RR crossing)
(8) Miscellaneous/other controls including RR controls (specify):</p> <p>(9) <u>Unknown</u></p> |
| <p>29. Number of Travel Lanes <u>2</u></p> <p>(1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown</p> | <p>35. Traffic Control Device Functioning <u>2</u></p> <p>(0) No traffic control
(1) Not Functioning
(2) Functioning
(9) Unknown</p> |
| <p>30. Roadway Alignment <u>1</u></p> <p>(1) Straight
(2) Curve right
(3) Curve left
(9) Unknown</p> | <p>36. Light Conditions <u>1</u></p> <p>(1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown</p> |
| <p>31. Roadway Profile <u>2</u></p> <p>(1) Level
(2) Uphill Grade (> 2%)
(3) Downhill Grade (> 2%)
(4) Hillcrest
(5) Sag
(9) Unknown</p> | <p>37. Atmospheric Conditions <u>1</u></p> <p>(1) No adverse atmospheric related driving conditions
(2) Rain
(3) Sleet
(4) Snow
(5) Fog
(6) Rain and fog
(7) Sleet and fog
(8) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown</p> |
| <p>32. Roadway Surface Type <u>1</u></p> <p>(1) Concrete
(2) Bituminous (asphalt)
(3) Brick or Block
(4) Slag, gravel or stone
(5) Dirt
(8) Other (specify):</p> <p>(9) <u>Unknown</u></p> | |

96

49-618 P

91 chugy P.U.

POT to FRP 1m = 3.28 ft

22 YOF

47 YOM

6'1" 200 lbs.

Did not see ped.

f = 0.7

Per/Reaction = 0.5 Sec

3.3 ft = 0.5 v + $\frac{v^2}{2fg}$ 0.022 v²

0.022 v² + 0.5 v - 3.3 = 0

v = $\frac{-0.5 \pm \sqrt{(0.5)^2 - (4)(0.022)(-3.3)}}{0.044}$

= 5.3 FPS = 3.6 MPH = 5.8 KPH

6 KPH



1. Primary Sampling Unit Number	<u>49</u>	3. Vehicle Number	<u>0 1</u>
2. Case Number - Stratum	<u>6 18 P</u>		

VEHICLE IDENTIFICATION

VIN LGCDCL4Z4M2 ~~XXXXXXXXXX~~ Model Year 91
(Flareside)

Vehicle Make (specify): CHEVROLET Vehicle Model (specify): SILVERADO 1500

PEDESTRIAN FRONT CONTACT WORK SHEET

PEV06 Hood Material	<u>STEEL</u>
PEV08 Hood Length	<u>116</u> cm ✓
PEV09 Hood Width-Forward Opening	<u>162</u> cm ✓
PEV10 Hood Width-Midway	<u>165</u> cm ✓
PEV11 Hood Width-Rear Opening	<u>169</u> cm ✓
PEV14 Front Bumper Cover Material	<u>NONE, BUT RUBBER STRIP</u>
PEV15 Front Bumper Reinforcement Material	<u>STEEL</u>

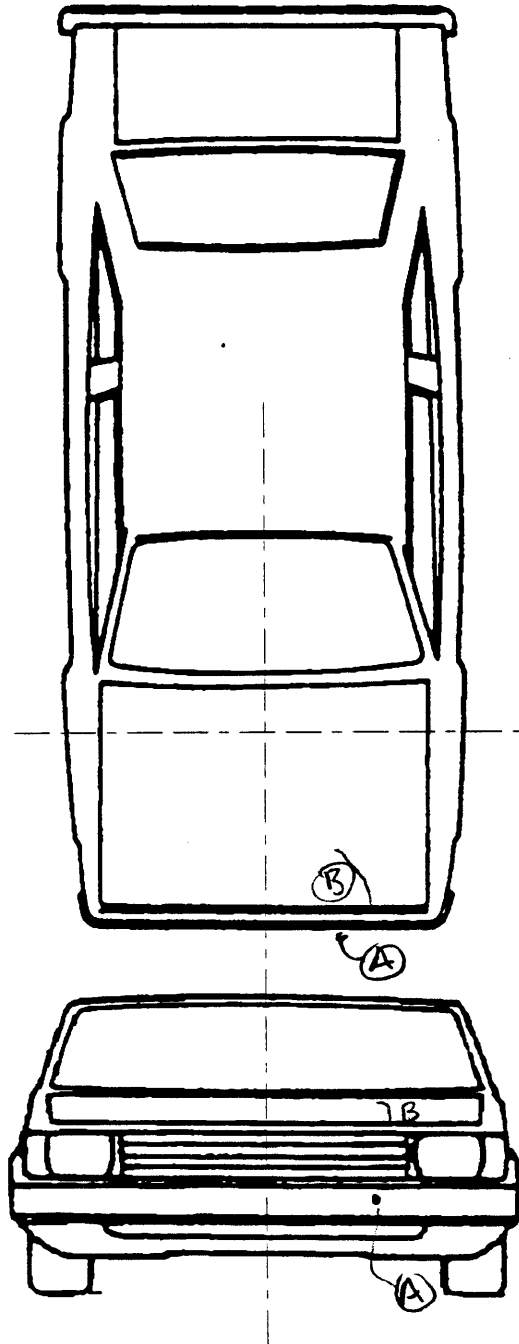
VERTICAL MEASUREMENTS

PEV16 Front Bumper-Bottom Height	<u>38</u> cm ✓
PEV17 Front Bumper-Top Height	<u>55</u> cm ✓
PEV18 Forward Hood Opening	<u>92</u> cm ✓
PEV19 Front Bumper Lead	<u>10</u> cm ✓

WRAP DISTANCES

PEV20 Ground to Forward Hood Opening	<u>92</u> cm ✓
PEV21 Ground to Front/Top Transition Point	<u>99</u> cm ✓
PEV22 Ground to Rear Hood Opening	<u>213</u> cm ✓
PEV23 Ground to Base of Windshield	<u>220</u> cm ✓
PEV24 Ground to Top of Windshield	<u>290</u> cm ✓
PEV25 Ground to Head Contact	<u>N/A</u> cm

VEHICLE DAMAGE SKETCH



NOTES: Sketch all pedestrian contacts, include the size and depth in centimeters. Locate the pedestrian contacts from the intercept point of the centerline (lateral) and the front axles (longitudinal) in centimeters. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.).

Location of the origin (intercept point of the centerline and the front axles) from the ground: 136 cm

PEDESTRIAN SIDE CONTACT WORK SHEET

PEV06 Hood Material	_____	
PEV08 Hood Length	_____	cm
PEV09 Hood Width-Forward Opening	_____	cm
PEV10 Hood Width-Midway	_____	cm
PEV11 Hood Width-Rear Opening	_____	cm

VERTICAL MEASUREMENTS

PEV26 Ground Clearance	_____	cm
PEV27 Side Bumper-Bottom Height	_____	cm
PEV28 Side Bumper-Top Height	_____	cm
PEV29 Centerline of Wheel	_____	cm
PEV30 Top of Tire	_____	cm
PEV31 Top of Wheel Well Opening	_____	cm
PEV32 Bottom of A-Pillar at Windshield	_____	cm
PEV33 Top of A-Pillar at Windshield	_____	cm
PEV34 Top of Side View Mirror	_____	cm

LATERAL MEASUREMENTS

PEV35 C _L to A-Pillar at Bottom of Windshield	_____	cm
PEV36 C _L to A-Pillar at Top of Windshield	_____	cm
PEV37 C _L to Maximum Side View Mirror Protrusion	_____	cm

WRAP DISTANCES

PEV38 Ground to Side/Top Transition	_____	cm
PEV39 Ground to Hood Edge	_____	cm
PEV40 Ground to Centerline of Hood (ORIGIN)	_____	cm
PEV41 Ground to Head Contact	_____	cm

ORIGINAL SPECIFICATIONS

	_____ ^{C10703}						
Wheelbase	_____ ^{C1500 4x2 w/ Silverado Trim Package} 117.5	inches	x	2.54	=	298	cm ✓
Overall Length	194.1	inches	x	2.54	=	493	cm ✓
Maximum Width	_____	inches	x	2.54	=	_____	cm
Curb Weight	3721	pounds	x	.4536	=	1688	kg ✓
Average Track	^{1647 1663} _____ 165	inches	x	2.54	=	165	cm ✓
Front Overhang	_____	inches	x	2.54	=	_____	cm
Rear Overhang	_____	inches	x	2.54	=	_____	cm
Undeformed End Width	188.9	inches	x	2.54	=	180	cm ✓
Engine Size: cyl./displ.	_____	cc	x	.001	=	V-6 4.3	L
	_____	CID	x	.0164	=	_____	L

INJURY SOURCE

FRONT

- 700 Front bumper
- 701 Front lower valance/spoiler
- 702 Front grille
- 703 Hood edge and/or trim
- 704 Hood ornament (fixed)
- 705 Hood ornament (spring loaded)
- 706 Headlight
- 707 Retractable headlight door (Open/Closed)
- 708 Turn signal/parking lights
- 718 Other front or add on object
(specify): _____
- 719 Unknown front object

Left Side Components

- 720 Front fender side surface
- 721 Front antenna
- 722 A1 pillar
- 723 A2 pillar
- 724 B pillar
- 725 C pillar
- 726 D pillar
- 728 Other pillar
(specify): _____
- 729 Left side roof rail
- 730 Left side door surface
- 731 Left side door handle
- 732 Left side mirror fixed housing
- 733 Left side folding mirror
- 734 Left side glazing forward of B pillar
- 735 Left side glazing rearward of B pillar
- 736 Left side back fender or quarter panel
- 737 Rear antenna
- 738 Other left side object
(specify): _____
- 739 Unknown left side component

Right Side Components

- 740 Front fender side surface
- 741 Front antenna
- 742 A1 pillar
- 743 A2 pillar

- 744 B pillar
- 745 C pillar
- 746 D pillar
- 748 Other pillar (specify): _____
- 749 Right side roof rail
- 750 Right side door surface
- 751 Right side door handle
- 752 Right side mirror fixed housing
- 753 Right side folding mirror
- 754 Right side glazing forward of B pillar
- 755 Right side glazing rearward of B pillar
- 756 Rear antenna
- 757 Rear fender or quarter panel
- 758 Other right side object
(specify): _____
- 759 Unknown right side component

Back Components

- 760 Rear (back) bumper
- 761 Tailgate
- 762 Hatchback, vertical surface
- 768 Other back component
(specify): _____
- 769 Unknown back component

Top Components

- 770 Hood surface
- 771 Hood surface reinforced by under hood component
- 772 Front fender top surface
- 773 Cowl area
- 774 Wiper blade & mountings
- 775 Windshield glazing
- 776 Front header
- 777 Roof surface
- 778 Backlight glazing
- 779 Rear header
- 780 Hatchback
- 781 Rear trunk lid
- 788 Other top component (specify): _____
- 789 Unknown top component

Wheels / tires

- 790 Left front wheel / tire
- 791 Right front wheel / tire
- 792 Left rear wheel / tire
- 793 Right rear wheel / tire
- 798 Other wheel / tire (specify): _____
- 799 Unknown wheel / tire

Undercarriage components

- 800 Front cross member
- 801 Steering assembly/Front suspension
- 802 Oil pan
- 803 Exhaust system pipe
- 804 Transmission
- 805 Drive shaft
- 806 Catalytic converter
- 807 Muffler
- 808 Floor pan
- 809 Fuel tank
- 810 Rear suspension
- 818 Other undercarriage component
(specify): _____
- 819 Unknown undercarriage component

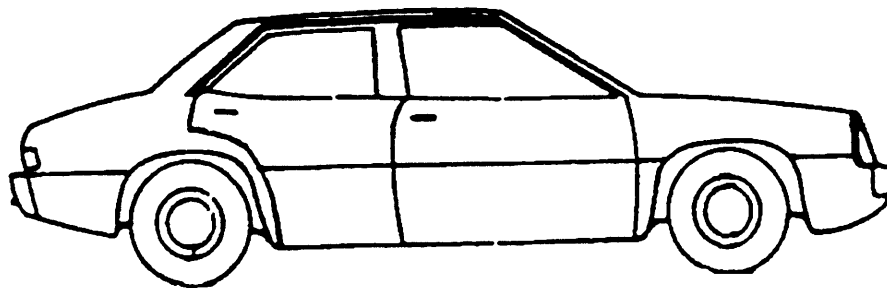
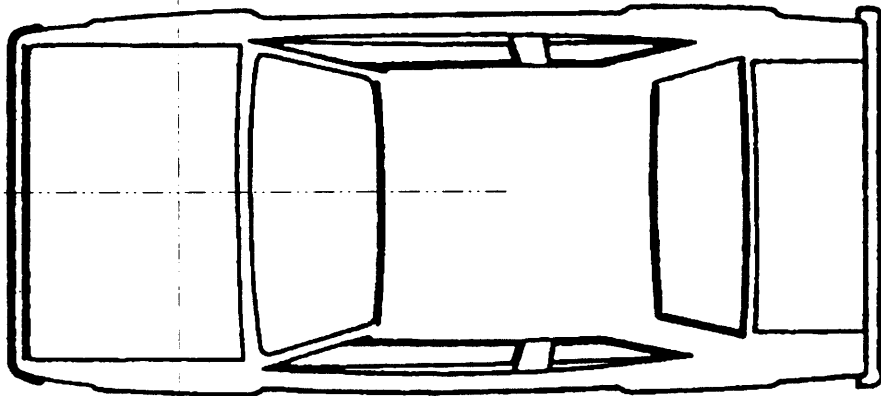
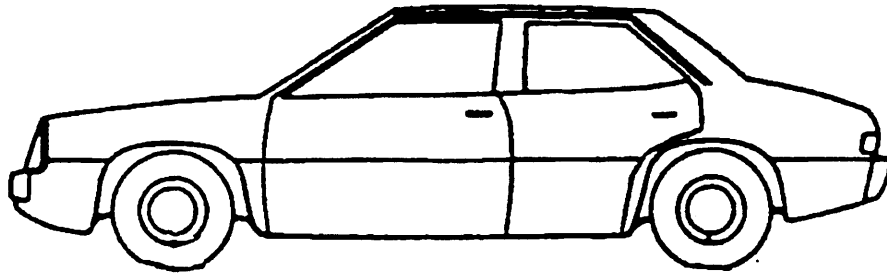
Accessories

- 820 Air scoop, deflector
- 821 Cellular or CB radio antenna
- 822 Emergency lights or bar
- 823 Fog lights
- 824 Luggage, ski, or bike rack
- 825 Cargo (specify): _____
- 826 Spare tire
- 827 Spotlight
- 828 Other accessory (specify): _____

Other Object or Vehicle in Environment

- 947 Ground
- 948 Other object (specify): _____
- 949 Unknown object in environment
- 959 Unknown object on contacting vehicle
- 997 Noncontact injury source
- 999 Unknown injury source

VEHICLE DAMAGE SKETCH



NOTES: Sketch all pedestrian contacts, include the size and depth in centimeters. Locate the pedestrian contacts from the intercept point of the centerline (lateral) and the front axles (longitudinal) in centimeters. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.).

Location of the origin (intercept point of the centerline and the front axles) from the ground: _____ cm

VEHICLE DIMENSIONS

4. Original Wheelbase 298 ✓
 _____ Code to the nearest centimeter
 (999) Unknown

117.5 inches X 2.54 = 298 centimeters

5. Original Average Track Width 165 ✓
 _____ Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

6. Hood Material 3 ✓
 (1) Plastic
 (2) Fiberglass
 (3) Steel
 (4) Aluminum
 (5) Stainless Steel
 (8) Other (specify): _____
 (9) Unknown

7. Hood Original 1 ✓
 Equipment Manufacturer (OEM)
 (1) OEM factory installed hood
 (2) OEM replacement
 (3) Non-OEM replacement
 (9) Unknown

8. Hood Length 116 ✓
 _____ Code to the nearest centimeter
 (180) 180 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeter

9. Hood Width Forward Opening 162 ✓
 _____ Code to the nearest centimeter
 (210) 210 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

10. Hood Width Midway 165 ✓
 _____ Code to the nearest centimeter
 (210) 210 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

11. Hood Width Rear Opening 169 ✓
 _____ Code to the nearest centimeter
 (210) 210 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

12. Hood/Fender Vertical/Lateral Crush From Pedestrian 1 ✓
 (0) Not damaged
 (1) Surface scratching only, no residual crush
 (2) Minor crush (1-3 centimeters)
 (3) Moderate crush (4-7 centimeters)
 (4) Severe crush (>7 centimeters)
 (8) Damage present, unknown if damage is from pedestrian impact
 (9) Unknown

13. Windshield Contact Damage From Pedestrian Contact 0 ✓
 (0) Not contacted by pedestrian
 (1) Contacted by pedestrian - not damaged
 (2) Contacted by pedestrian - damaged
 (3) Unknown if contacted by pedestrian - not damaged
 (4) Unknown if contacted by pedestrian - damaged
 (9) Unknown if contacted by pedestrian - unknown if damaged

FRONT CONTACT DAMAGE

Front Vertical Measurements

14. Front Bumper Cover Material 43 ✓
 (0) No front contact
 (1) Plastic
 (2) Fiberglass
 (3) Rubber
 (4) Other (specify): Steel w Rubber trim
 (9) Unknown

15. Front Bumper Reinforcement Material 1 ✓
 (0) No front contact
 (1) Steel
 (2) Aluminum
 (3) Stainless Steel
 (4) Other (specify): _____
 (9) Unknown

16. Front Bumper-Bottom Height 038 ✓
 _____ Code to the nearest centimeter
 (000) No front contact
 (150) 150 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

17. Front Bumper-Top Height 055
 _____ Code to the nearest centimeter
 (000) No front contact
 (150) 150 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

18. Forward Hood Opening 092
 _____ Code to the nearest centimeter
 (000) No front contact
 (200) 200 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

19. Front Bumper Lead 10
 (00) No front contact
 _____ Code to the nearest centimeter
 (30) 30 centimeters or more
 (99) Unknown

_____ inches X 2.54 = _____ centimeters

23. Ground to Base of Windshield 220
 _____ Code to the nearest centimeter
 (000) No front contact
 (400) 400 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

24. Ground to Top of Windshield 290
 _____ Code to the nearest centimeter
 (000) No front contact
 (500) 500 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

25. Ground To Head Contact 998
 _____ Code to the nearest centimeter
 (000) No front contact
 (400) 400 centimeters or more
 (998) No head contact
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

*CODER
 999 -
 MOE DOES NOT
 ACCEPT 998*

Front Wrap Distance Measurements

SIDE CONTACT DAMAGE

Side Vertical Measurements

20. Ground to Forward Hood Opening 092
 _____ Code to the nearest centimeter
 (000) No front contact
 (200) 200 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

21. Ground to Front/Top Transition Point 099
 _____ Code to the nearest centimeter
 (000) No front contact
 (180) 180 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

22. Ground to Rear Hood Opening 213
 _____ Code to the nearest centimeter
 (000) No front contact
 (400) 400 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

26. Ground Clearance 200
 _____ Code to the nearest centimeter
 (000) No side contact
 (150) 150 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

27. Side Bumper-Bottom Height 000
 _____ Code to the nearest centimeter
 (000) No side contact
 (150) 150 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

28. Side Bumper-Top Height 000
 _____ Code to the nearest centimeter
 (000) No side contact
 (150) 150 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

29. Centerline of Wheel 000
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (150) 150 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

30. Top of Tire 000
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (200) 200 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

31. Top of Wheel Well Opening 000
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (250) 250 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

32. Bottom of A-Pillar at Windshield 000
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (250) 250 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

33. Top of A-Pillar at Windshield 000
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (300) 300 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

34. Top of Side View Mirror 500
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (300) 300 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

Side Lateral Measurements

35. Centerline to A-Pillar at Bottom of Windshield 000
 (000) No side contact
 _____ Code to the
 nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

36. Centerline to A-Pillar at Top of Windshield 000
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (250) 250 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeter

37. Centerline to Maximum Side View Mirror Protrusion 000
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (300) 300 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeter

Side Wrap Distance Measurements

38. Ground to Side/Top Transition 000
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (400) 400 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

39. Ground to Hood Edge 500
 _____ Code to the
 nearest centimeter
 (000) No side contact
 (500) 500 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

40. Ground to Centerline of Hood

000

Code to the nearest centimeter

(000) No side contact

(700) 700 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

41. Ground to Head Contact

000

Code to the nearest centimeter

(000) No side contact

(800) 800 centimeters or more



(998) No head contact

(999) Unknown

_____ inches X 2.54 = _____ centimeters



PEDESTRIAN INTERVIEW FORM

1. Primary Sampling Unit Number	<u>49</u>	Interviewee(s) Role or Name(s):	<u>PI -</u>
2. Case Number - Stratum	<u>6 LB P</u>		
3. Pedestrian Number	<u>0 1</u>		

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

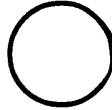
If the pedestrian was not the person interviewed, was an appointment made for a follow-up interview?

PEDESTRIAN'S DESCRIPTION OF ACCIDENT EVENTS

WALKING ACROSS STREET GOING WEST - PICKUP GOING SOUTH. STOPPED AT STOP SIGN - AS I WALKED IN FRONT OF THE STOPPED PICKUP, THE PICKUP TOOK OFF FROM STOP SIGN & HIT ME W/ ITS FRONT - THE IMPACT KNOCKED ME BACK TO MY LEFT (SOUTH) - I DIDN'T GO DOWN, BUT I REMAINED MY BALANCE AFTER FALLING BACK A FEW FEET.

WITNESS DESCRIPTION OF ACCIDENT EVENTS

ACCIDENT DIAGRAM



INDICATE NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

PSU NUMBER
CASE NUMBER
YEAR

49
618P
1995

PEDESTRIAN INTERVIEW FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

- ENTIRE FORM
- PAGE NUMBER (S) 2

1. Primary Sampling Unit Number

49

3. Pedestrian Number

0 1

2. Case Number - Stratum

6 18 P

PEDESTRIAN PRE-CRASH DATA QUESTIONS

1. Did the driver of the vehicle which hit you lose control of the vehicle and collide with you before regaining control?

 No Yes, explain: _____

2. Did the driver take any avoidance actions prior to the collision (with you)?

 No - Go to question 3 Yes- Go to question 2a.

2a. What actions did the driver take?

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

2b. Did the vehicle skid sideways?

 No Yes- which way Clockwise Counter clockwise

How much rotation

 Less than 30° 30° or more

3. Before the collision, was the driver attentive to the driving task or was the driver distracted by:

 Another person in the vehicle A moving object in the vehicle Something outside the vehicle UNK
(specify): _____ Cellular phone or CB, specify: _____ Sleeping or dozing Other (specify): _____ Not distracted

4. Can you estimate the speed of the vehicle at the time of the collision?

 Stopped 1-10 10-20 20-30 30-40 40-50 50-50 60-70 70+

5. Just prior to the impact, were you:

 Standing/Walking/Running Crouching Kneeling Bending at the waist Other (specify): _____

6. Just before the impact, were you:

 Stopped Walking Walking Rapidly Running or Jogging Hopping Skipping Jumping Falling or Rising Other (specify): _____

7. Just before the impact, were you:

 Crossing road, straight Crossing road, diagonally Moving in road, with traffic Moving in road, against traffic Off road, approaching road Off road, going away from road Off road, moving parallel Off road, crossing driveway Off road, moving along driveway Other (specify): _____

8. Before trying to avoid being struck by the vehicle, was your chest:

 Facing vehicle Facing away Left side to vehicle Right side to vehicle Other (specify): _____

9. Did you do anything to avoid being hit, like:

 Stopping Accelerating pace Running away (along vehicle path) Jumping Turning toward the vehicle Turning away from the vehicle Diving or Falling away

Using hands to:

 Vault corner of vehicle Vault onto vehicle Brace against vehicle Crouch and brace hands against vehicle Combination of above (specify): _____ Other (specify): _____ No

10. What portion of the vehicle first struck you?

 The front Corner, or Side

1. Primary Sampling Unit Number

49

3. Pedestrian Number

01

2. Case Number - Stratum

6 18 P

PEDESTRIAN CRASH DATA QUESTIONS

PEDESTRIAN CHARACTERISTICS

11. When struck by the vehicle, was your chest:

- Facing vehicle
 Facing away
 Left side to vehicle
 Right side to vehicle
 Other (specify): _____

12. Which way was your head facing (relative to your chest) at impact?

- To front
 To left
 To right
 Up
 Down
 Other (specify): _____

13. Where were your arms at impact? Would you say:

- At sides
 Folded across chest
 Hands clasped behind back
 Hands on hips
 Hands in pockets

One or both arms:

- Extended upward
 Extended to side
 Extended forward, bracing
 Extended forward or backward holding or pulling object.
 Holding object in arms
 Holding object on shoulder or head
 Other (specify): _____

14. Where were your legs at impact? Were they:

- Together
 Apart, laterally
 Apart, left leg forward
 Apart, right leg forward
 Apart, forward leg unknown UNK
 Left foot off the ground
 Right foot off the ground
 Both feet off the ground
 Other (specify): _____

15. What happened to you after being hit by the vehicle?

SEE NARRATIVE

16. Height, Weight, Age, and Sex?

Height 6-1
 Weight 200
 Age 47

Sex:

- Male
 Female

17. What kind of shoes were you wearing?

LEATHER SLIPPERS

18. Could you tell me your following measurements without shoes?

51 Ground to center of knee cap
105 Ground to top of hip bone
136 Ground to top of shoulder

19. Type/Color of clothing worn?

BROWN CORDUROY PANTS
WHITE SHIRT

20. Was an object carried or worn?

(specify): SHOULDER BAG

Go to Pedestrian Injury Data questions

1. Primary Sampling Unit Number

49

3. Pedestrian Number

01

2. Case Number - Stratum

618P

PEDESTRIAN INJURY DATA

1. Were you injured?

 No - Go to question 8 Yes

2. Did you receive any cuts, abrasions, or bruises?

 No - Go to question 3 Yes - Record exact locations, sizes, and descriptions on the manikin(s), and then go to question 2a.

2a. Do you know what caused these injuries?

 No - Go to question 3 Yes - Specify injury sources, striking profile, type of damage, and damage depth on the manikin(s).

3. Did you experience any broken bones?

 No - Go to question 4 Yes - Record the exact locations, and type of fractures on the manikin(s), and then go to question 3a.

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

 No - Go to question 4 Yes - Specify injury sources, striking profile, type of damage, and damage depth on the manikin(s).

4. Did you injure your head?

 No - Go to question 5 Yes - Record the type of injury(s) on the manikins, and then go to question 4a.

4a. Do you know what caused the injury?

 No Yes - specify the injury sources, striking profile, type of damage, and damage depth on the manikin(s).

5. Were any of your internal organs injured?

 No - Go to question 6 Yes - Thoroughly describe the type of injury(s) and specify the internal organs(s) injured on the manikin(s), and then go to question 5a.

5a. Do you know what caused the injury(s)?

 No Yes - specify injury sources, striking profile, type of damage, and damage depth on the manikin(s).

6. Did you receive any joint sprains or muscle strains?

 No - Go to question 7 Yes - specify injury(s) on manikin(s), and then go to question 6a.

6a. Do you know what caused the injuries?

 No Yes - specify injury sources, striking profile, type of damage, and damage depth on the manikin(s).

7. Did you receive any treatment?

 No (If "No", go to question 8) Yes (If "Yes", go to question 7a or return to question 2.)

7a. Were you treated by (check all that apply):

 Hospital/trauma center? (specify hospital name): Medical clinic Out patient surgery?

Specify: (medical facility:) _____

 Paramedics or first aid at the scene? A doctor in his/her office? Treated at home? None of the above, go to question 8.

7b. Were you treated and released from the emergency room?

 No (If "No", go to question 7c.) Yes (If "Yes", go to question 7e.)

7c. Were you hospitalized?

 No (If "No", give an explanation) Yes (If "Yes", go to question 7d.)

7d. How many days were you in the hospital? _____ days

7e. Have you received any follow-up treatment?

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

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

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

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

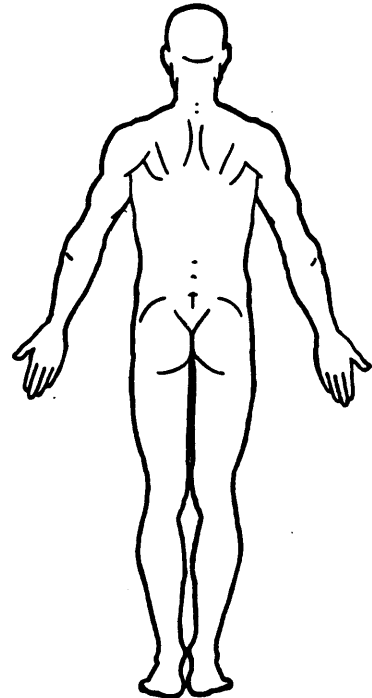
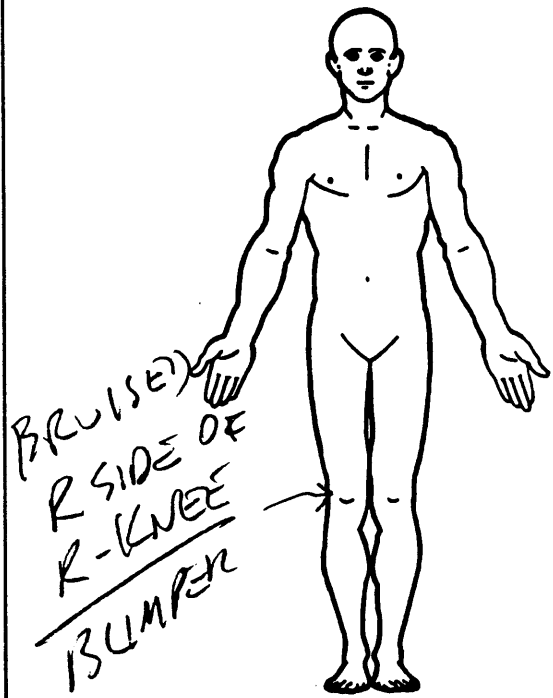
 No Yes (If "Yes", determine the number of days lost) (Specify:) Not working prior to the accident Unknown

PSU Number 49 Case Number—Stratum 6 18 P Pedestrian Number 0 1

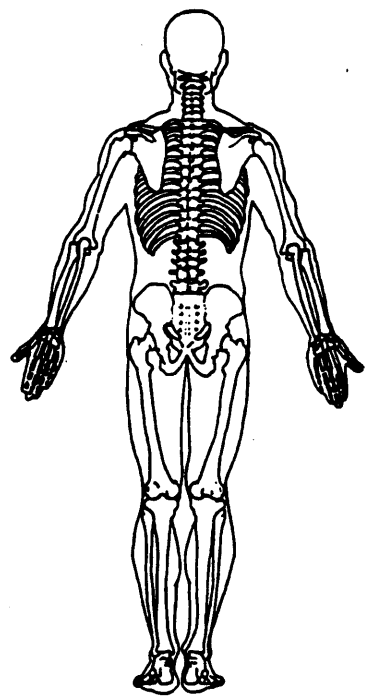
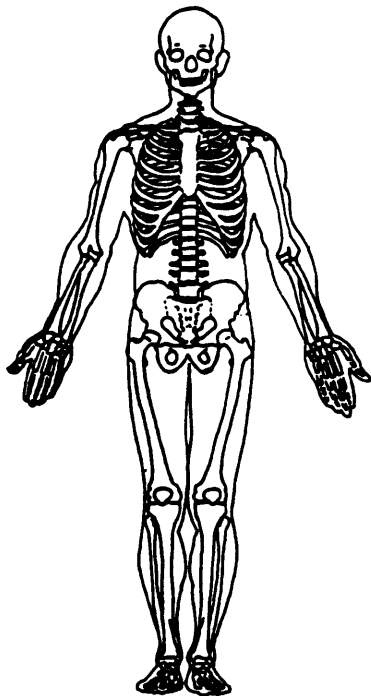
PEDESTRIAN INJURY DATA FROM INTERVIEWEE(S)

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

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES





DRIVER INTERVIEW FORM

1. Primary Sampling Unit Number	<u>49</u>	Interviewee(s) Role or Name(s): <u>NEIGHBOR NO PHONE</u>
2. Case Number - Stratum	<u>6 18 P</u>	
3. Vehicle Number	<u>0 1</u>	

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

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

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

PULLED UP TO STOP SIGN & STOPPED - [REDACTED] FOR TRAFFIC LEFT & RIGHT - I WAS GOING TO TURN LEFT - RED WHIRLING FROM MY LEFT TO MY RIGHT - TRAFFIC CLEARED & I STARTED TO PULL INTO INTERSECTION - HIT PED WITHOUT ME SEEING THE FEEL BACK - I STOPPED IMMEDIATELY

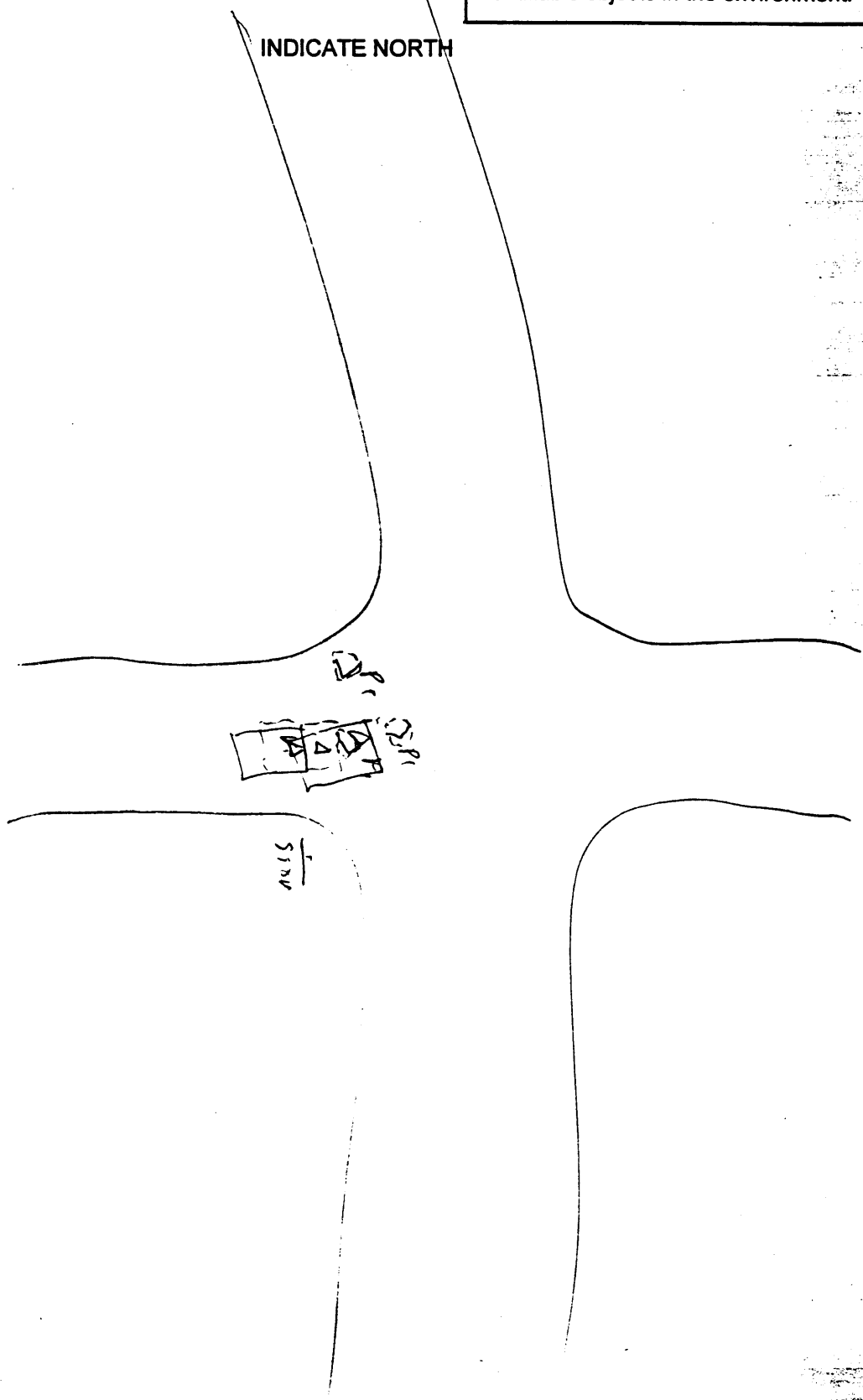
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

ACCIDENT DIAGRAM



The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

INDICATE NORTH



1. Primary Sampling Unit Number

49

3. Vehicle Number

0 1

2. Case Number - Stratum

6 18 P

4. Occupant Number

0 1

DRIVER CRASH DATA QUESTIONS

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

North South East West

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

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

[1] [2] [3] [4] [] Other (specify):

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

Stopped 1-10 10-20
 20-30 30-40 40-50
 50-60 60-70 70+

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

Going straight Stopped
 slowing Accelerating
 Turning left Turning right

Changing lanes to left Changing lanes to right
 Backing
 Other (specify): _____

5. Did you experience any loss of control?

No
 Yes (If yes, describe below)

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

No - Go to question 7
 Yes - Go to question 6a

6a. What actions did you take?

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

6b. Did the vehicle skid sideways?

Yes
 Which way?

Clockwise

Counter clockwise

How much rotation?

Less than 30°

30° or more

No

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

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

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

No
 Lower
 Higher
 Unknown

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

Stopped 1-10 10-20
 20-30 30-40 40-50
 50-60 60-70 70+

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

STOPPED IMMEDIATELY JUST S. OF IMPACT

10. What direction was your vehicle facing at final rest?



11. Where was your vehicle when it came to rest?

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

1. Primary Sampling Unit Number

49

3. Vehicle Number

0 1

2. Case Number - Stratum

6 18 P

4. Occupant Number

0 1

VEHICLE/DRIVER DATA QUESTIONS

VEHICLE/PEDESTRIAN RELATED DATA

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

 No Yes (If "yes", describe below, go to question 13)

13. Was your vehicle repaired with Original Equipment Manufacture (OEM) parts?

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

14. At the time of the accident, was the vehicle being used as a:

 Taxi School Bus Other Bus?

Is the vehicle a:

 Military Police Ambulance Fire Truck/Car Other Special use, specify:

15. Before the collision, were you attentive to the driving task or were you distracted by:

 talking on a cellular phone another person in the car a moving object in the car something outside the car, specify: sleeping or dozing other (specify): _____ not distracted

OPTIONAL

If you need additional vehicle information. Request the owner's permission for an additional inspection.

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

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

 No Yes

18. Just prior to the impact, was the pedestrian:

 Standing Crouching Kneeling Bending at waist Other, specify: _____

19. Just before the impact, was the pedestrian:

 Stopped Walking Walking Rapidly Running or Jogging Hopping Skipping Jumping Falling or Rising Other (specify): _____

20. Just before impact, was the pedestrian:

 Crossing road, straight Crossing road, diagonally Moving in road, with traffic Moving in road, against traffic Off road, approaching road Off road, going away from road Off road, moving parallel Off road, crossing driveway Off road, moving along driveway Other (specify): _____

21. Where was the pedestrian at impact:

 In intersection, in a crosswalk In intersection, not in a crosswalk Not at intersection, in a crosswalk Not at intersection, not in a crosswalk Off road Other (specify): _____

22. Before trying to avoid being struck by the vehicle, was the pedestrian's chest:

 Facing vehicle Facing away Left side to vehicle Right side to vehicle Other (specify): _____

1. Primary Sampling Unit Number

49

3. Vehicle Number

0 1

2. Case Number - Stratum

6 18 P

4. Occupant Number

0 1

VEHICLE/DRIVER PEDESTRIAN RELATED DATA QUESTIONS (CONTINUED)

23. Did the pedestrian do anything to avoid being hit, like:

- Stopping
 Accelerating pace
 Running away (along vehicle path)
 Jumping
 Turning towards the vehicle
 Turning away from the vehicle
 Diving or falling away

using hands to:

- Vault corner of vehicle
 Vault onto the vehicle
 Brace against vehicle
 Crouch and brace hands against vehicle
 Combination of above (specify): _____

 Other (specify): _____ No

25. Where did the pedestrian hit the vehicle?

Would you say:

- The front
 Corner, or
 Side

26. When struck by the vehicle was the pedestrian's chest:

- Facing vehicle
 Facing away
 Left side to vehicle
 Right side to vehicle
 Other (specify): _____

27. Which way was the pedestrian's head facing (relative to the chest) at impact?

- To front
 To Left
 To Right UNK
 Up
 Down
 Other (specify): _____

28. Where were the pedestrian's arms at impact?

Would you say:

- At sides UNK
 Folded across chest
 Hands clasped behind back
 Hands on hips
 Hands in pockets

one or both arms:

- Extended upward
 Extended to side
 Extended forward, bracing
 Extended forward or backward holding or pulling

object

- Holding object in arms
 Holding object on shoulder or hand
 Other (specify): _____

29. Where were the pedestrian's legs at impact?

Were they:

- Together
 Apart, laterally
 Apart, left leg forward UNK
 Apart, right leg forward
 Apart, forward leg unknown
 Left foot off the ground
 Right foot off the ground
 Both feet off the ground
 Other (specify): _____

30. What happened to the pedestrian after being hit by the vehicle?

FELL BACK, BUT DIDN'T
FALL DOWN

31. Were there any other pedestrians contacted by your vehicle?

- Yes- How many? _____
 continue collecting information (questions 24 through 34 above) for each additional pedestrian contacted.

 No- End Driver Interview