



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



PEDESTRIAN CASE SUMMARY

PSU 49 CASE NO. 620P TYPE OF ACCIDENT Utility/Ped/Off road moving parallel

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 east on a driveway from a bank, planning to turn right on to a divided asphalt urban street to travel south. P1 was walking north on a sidewalk near the west edge of the street, attempting to cross the bank driveway. As V1 approached P1 from his left, he turned toward V1 and extended his arms to brace against the approaching vehicle. The front-left of V1 struck P1 and knocked him into the outside southbound lane. P1 struck his head on the pavement and came to rest in the outside southbound lane. V1 traveled a short distance eastward after impact and came to rest with its front near the west edge of the street head eastward or slightly southeastward. P1 was transported to a local hospital and died four days later of head injuries. 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	90	Male	Fatal	Head	Brain	5	Ground

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		

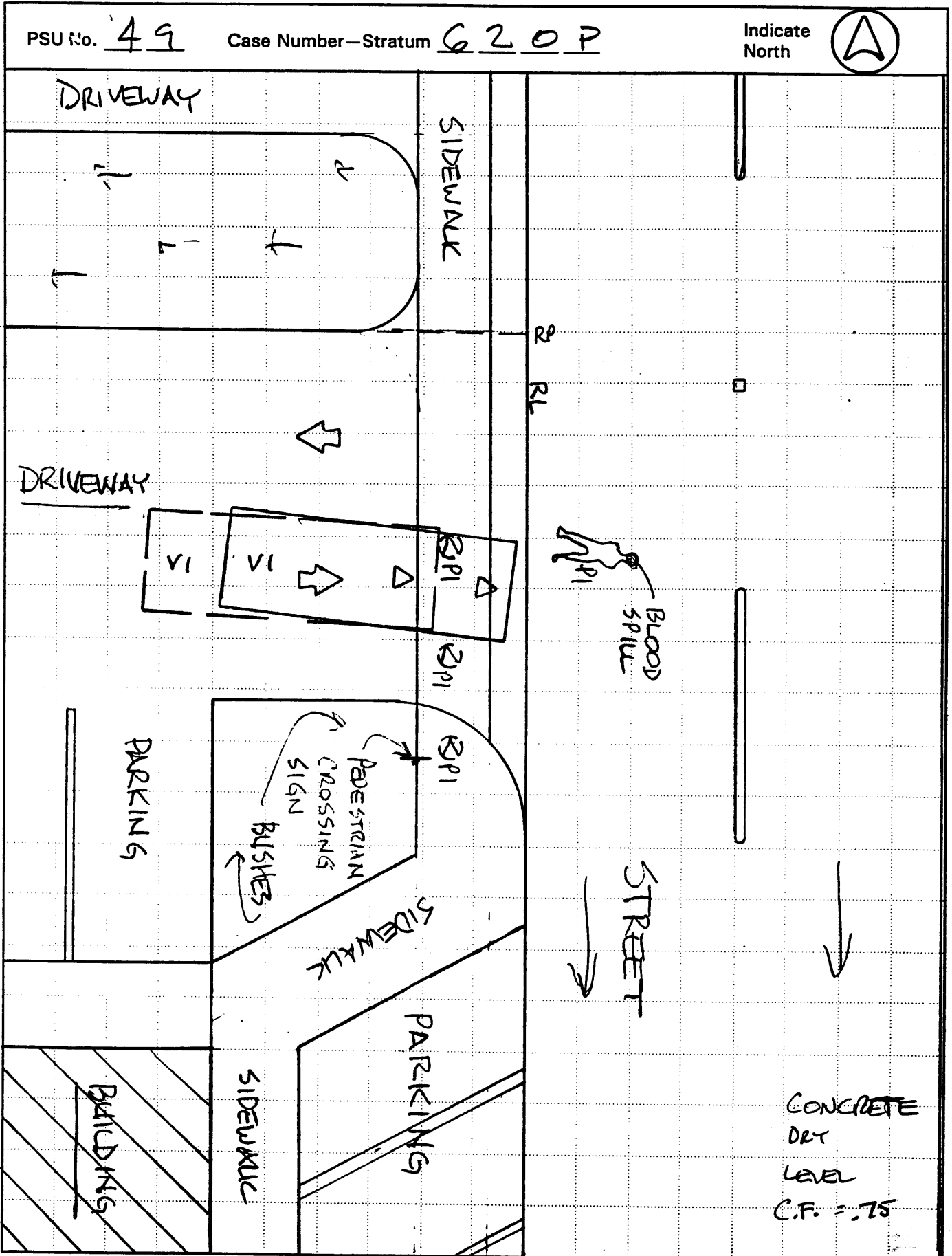
C. VEHICLE PROFILE

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection	
			Damage Plane	Damage Description
01	Large utility	91/Chev/Suburban	Front	Light, scratches only

DO NOT SANITIZE THIS FORM



ACCIDENT COLLISION DIAGRAM





Center Island

ONE way



ReFlive

Cement Sidewalk

Stubs

BANK

Bank Drive thru

Bank Drive thru (underpass)

Ref point

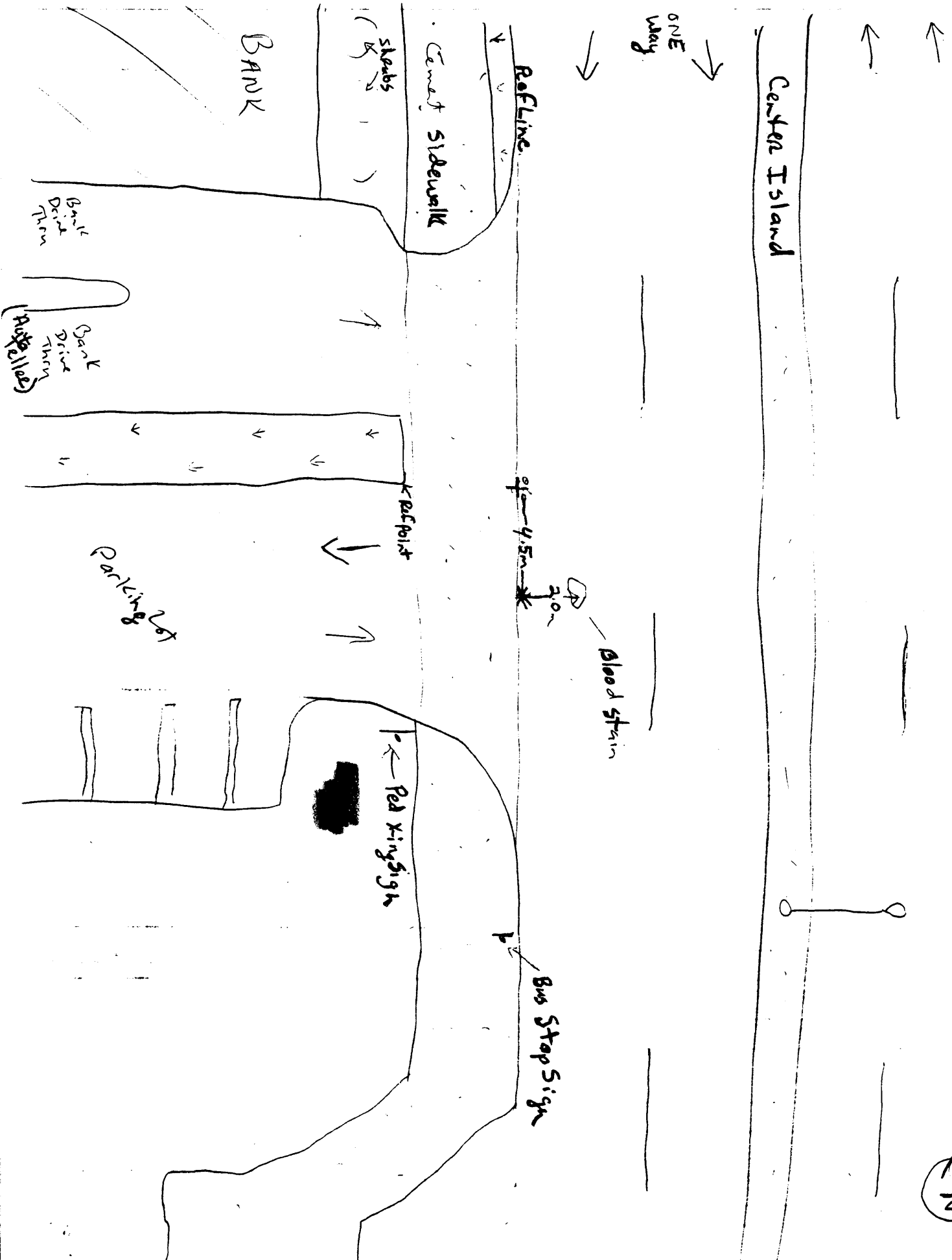
4.5m

Blood stain

Parking lot

Red Xing Sign

Bus Stop Sign





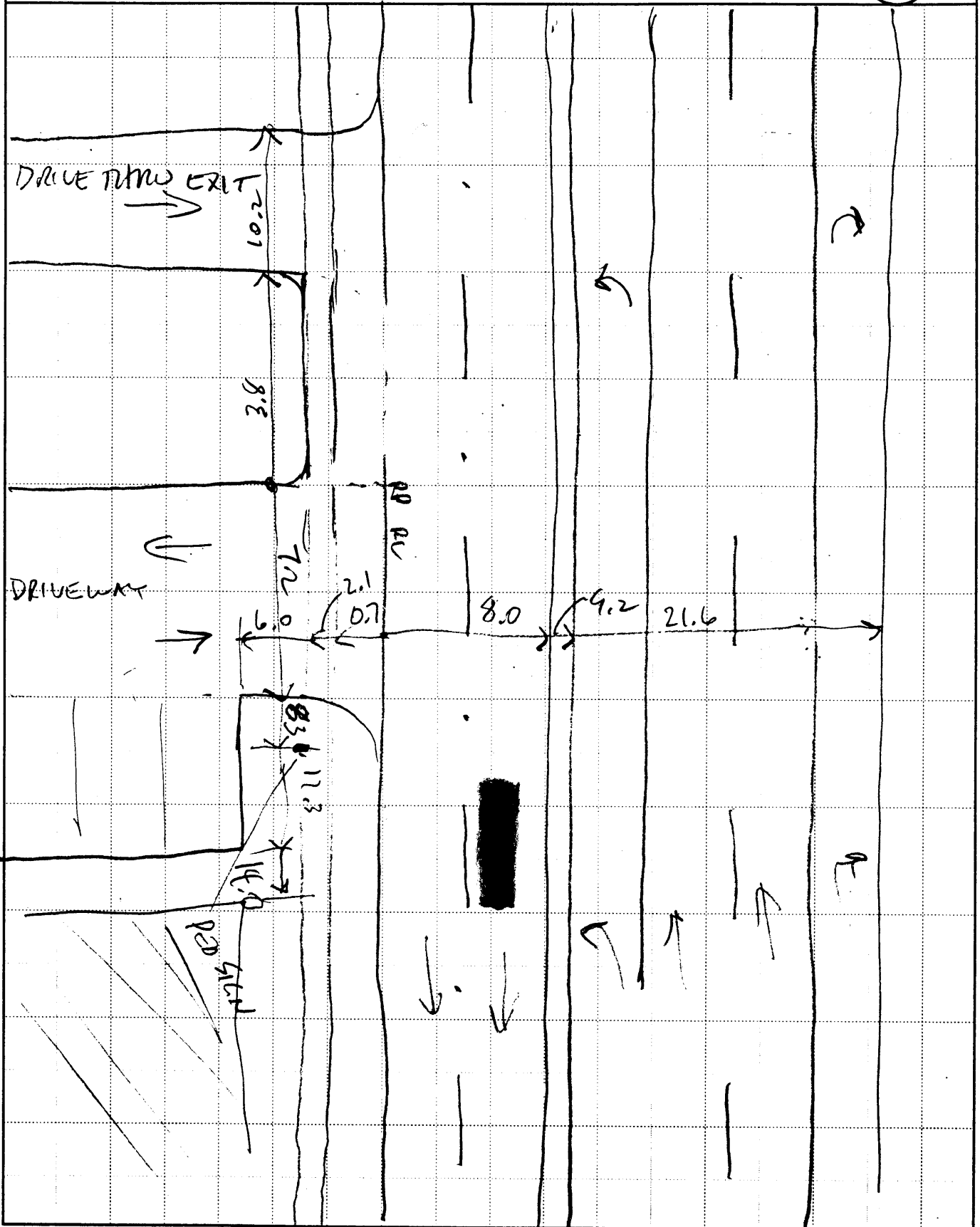
U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

FSU No. 49 . Case Number—Stratum 620 P

Indicate
North





PEDESTRIAN ACCIDENT FORM

1. Primary Sampling Unit Number 49
 2. Case Number - Stratum 620 P

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 0 1
 4. Date of Accident (Month, Day, Year) [REDACTED] 1 9 5
 5. Time of Accident 1735
 Code reported military time of accident.
 NOTE: Midnight = 2400
 Unknown = 9999

SPECIAL STUDIES - INDICATORS

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.

6. ___ SS15 Administrative Use 0
 7. SS16 Pedestrian Crash Data Study 1
 8. ___ SS17 Impact Fires 0
 9. ___ SS18 _____ 0
 10. ___ SS19 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 0 1

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>1 2</u>	15. <u>F</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 Code actual weight to the nearest kilogram. (999) Unknown <u>999</u> (Autopsy) <u>852</u>
2. Case Number - Stratum <u>620 P</u>	114 pounds X .4536 = <u>51.7</u> kilograms
3. Pedestrian Number <u>01</u>	

PEDESTRIAN'S CHARACTERISTICS

PEDESTRIAN'S PRE-AVOIDANCE ACTIONS

4. Pedestrian's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown <u>90</u>	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>1</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 Code actual height to the nearest centimeter. (999) Unknown <u>170</u> <u>999</u> <u>66.5</u> inches X 2.54 = <u>168.9</u> centimeters <u>48</u>	13. Pedestrian's Action Relative to Vehicle <u>08</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 Code to the nearest centimeter. (999) Unknown _____ inches X 2.54 = _____ centimeters <u>99</u>	14. Pedestrian's Body (Chest) Orientation Relative to Striking Vehicle Prior to Avoidance Actions <u>3</u> (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 Code to the nearest centimeter. (999) Unknown _____ inches X 2.54 = _____ centimeters <u>090</u> <u>999</u>	
9. Pedestrian's Height - Ground to Shoulder Code to the nearest centimeter. (999) Unknown _____ inches X 2.54 = _____ centimeters <u>999</u>	

2. c. % char +

PEDESTRIAN'S AVOIDANCE ACTIONS

15. Pedestrian's First Avoidance Actions

- 13
(05)
- (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

PEDESTRIAN'S ORIENTATION AT IMPACT

16. Pedestrian's Head Orientation at Initial Impact

- 2 ~~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

- 3 ~~1~~
- (1) Facing vehicle
 - (2) Facing away
 - (3) Left side to vehicle
 - (4) Right side to vehicle
 - (8) Other (specify): _____
 - (9) Unknown

18. Pedestrian's Arm Orientation at Initial Impact

- 08
- (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

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

- 08
- (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

96Source: P.A.R.

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

4

26. Treatment - Mortality

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

1*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

1

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

04

29. Working Days Lost

- _____ 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

62

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

30. Glasgow Coma Scale (GCS) Score 04
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

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

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

33. Time to Death 34
 _____ 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 09
Head injuries Subdural hemato
 LOC: _____

35. 2nd Medically Reported Cause of Death 10
Subarachnoid hem.

36. 3rd Medically Reported Cause of Death 11
 _____ 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 11
 _____ 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 <u>49</u>	3. Pedestrian Number <u>01</u>
2. Case Number - Stratum <u>6 20 P</u>	4. Blank <u>X X</u>

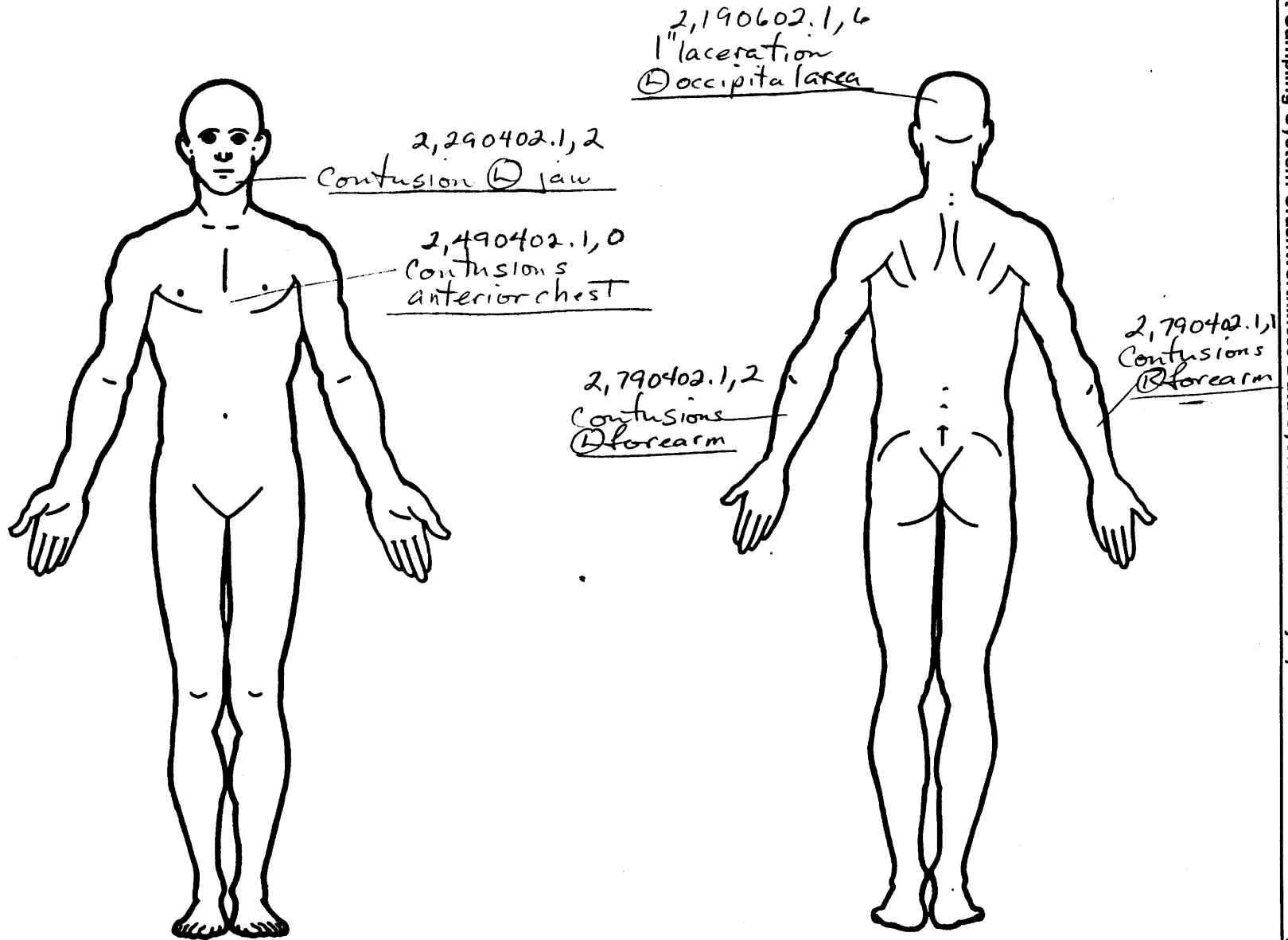
INJURY DATA

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.

	Source of Injury Data	AIS-90					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Striking Profile	Type Of Damage	Damage Depth	
		Body Region	Anatomic Structure	Anatomic Structure	Level of Injury	A.I.S. Severity							Aspect
1st	5. <u>2</u>	6. <u>7</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>703</u>	13. <u>1</u>	14. <u>1</u>	15. <u>3</u>	16. <u>2</u>	17. <u>2</u>
2nd	18. <u>2</u>	19. <u>7</u>	20. <u>9</u>	21. <u>04</u>	22. <u>02</u>	23. <u>1</u>	24. <u>1</u>	25. <u>703</u>	26. <u>1</u>	27. <u>1</u>	28. <u>3</u>	29. <u>2</u>	30. <u>2</u>
3rd	31. <u>2</u>	32. <u>4</u>	33. <u>9</u>	34. <u>04</u>	35. <u>02</u>	36. <u>1</u>	37. <u>0</u>	38. <u>703</u>	39. <u>1</u>	40. <u>1</u>	41. <u>3</u>	42. <u>2</u>	43. <u>2</u>
4th	44. <u>2</u>	45. <u>2</u>	46. <u>9</u>	47. <u>04</u>	48. <u>02</u>	49. <u>1</u>	50. <u>2</u>	51. <u>770</u>	52. <u>1</u>	53. <u>1</u>	54. <u>2</u>	55. <u>1</u>	56. <u>1</u>
5th	57. <u>2</u>	58. <u>6</u>	59. <u>5</u>	60. <u>02</u>	61. <u>24</u>	62. <u>3</u>	63. <u>6</u>	64. <u>770</u>	65. <u>1</u>	66. <u>2</u>	67. <u>2</u>	68. <u>1</u>	69. <u>1</u>
6th	70. <u>2</u>	71. <u>1</u>	72. <u>9</u>	73. <u>06</u>	74. <u>02</u>	75. <u>1</u>	76. <u>6</u>	77. <u>947</u>	78. <u>1</u>	79. <u>1</u>	80. <u>0</u>	81. <u>0</u>	82. <u>0</u>
7th	83. <u>2</u>	84. <u>1</u>	85. <u>5</u>	86. <u>04</u>	87. <u>02</u>	88. <u>2</u>	89. <u>6</u>	90. <u>947</u>	91. <u>1</u>	92. <u>1</u>	93. <u>0</u>	94. <u>0</u>	95. <u>0</u>
8th	96. <u>2</u>	97. <u>1</u>	98. <u>4</u>	99. <u>06</u>	100. <u>22</u>	101. <u>3</u>	102. <u>3</u>	103. <u>947</u>	104. <u>1</u>	105. <u>1</u>	106. <u>0</u>	107. <u>0</u>	108. <u>0</u>
9th	109. <u>2</u>	110. <u>1</u>	111. <u>4</u>	112. <u>06</u>	113. <u>56</u>	114. <u>5</u>	115. <u>2</u>	116. <u>947</u>	117. <u>1</u>	118. <u>1</u>	119. <u>0</u>	120. <u>0</u>	121. <u>0</u>
10th	122. <u>2</u>	123. <u>1</u>	124. <u>6</u>	125. <u>02</u>	126. <u>14</u>	127. <u>5</u>	128. <u>0</u>	129. <u>947</u>	130. <u>1</u>	131. <u>1</u>	132. <u>0</u>	133. <u>0</u>	134. <u>0</u>

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



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

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

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) 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

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

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

INJURY SOURCEFRONT

- 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 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 = 4

Units of Blood Given

Units = 0

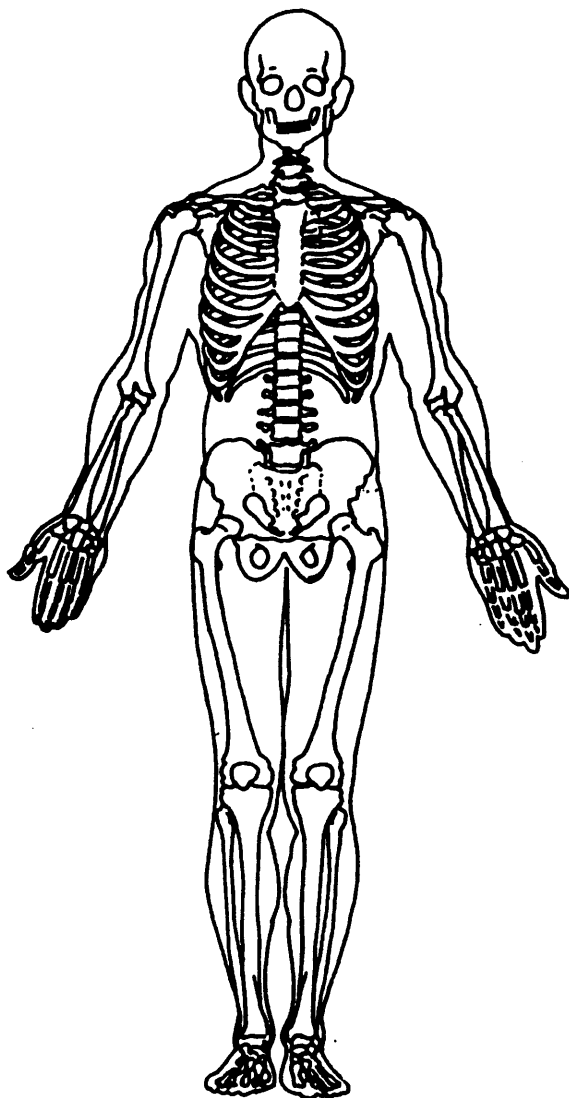
Arterial Blood Gases

Ph = _____

PO₂ = _____

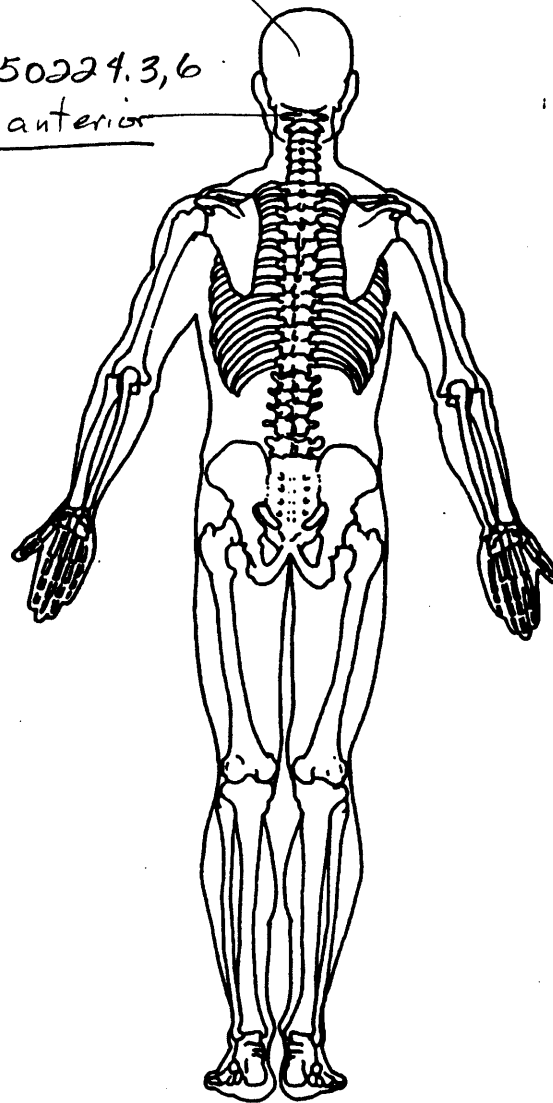
PCO₂ = _____

HCO₃ = _____



2, 150402, 2, 6
Skull

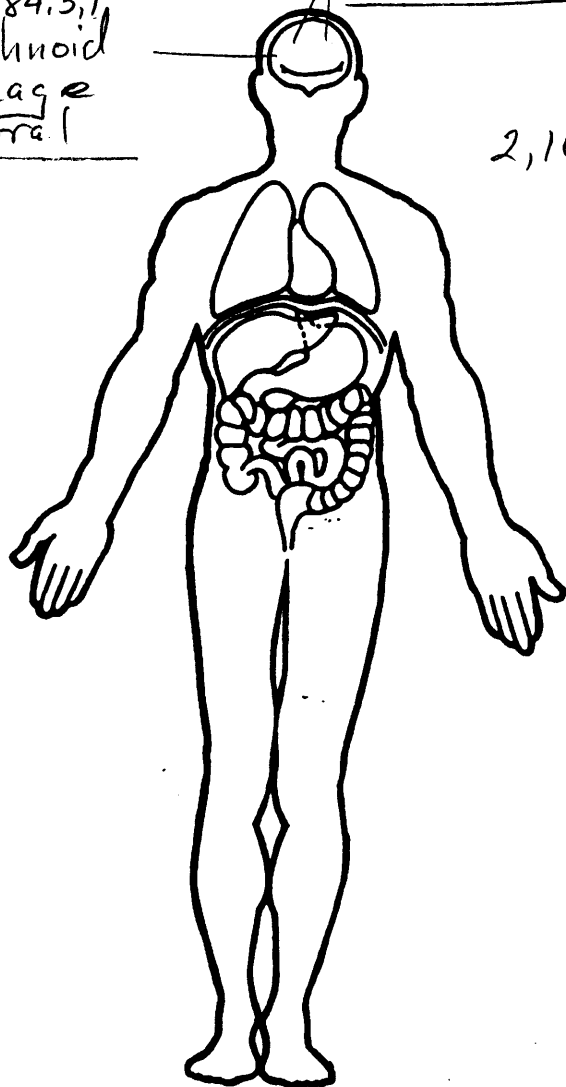
2, 650224, 3, 6
C, anterior



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.)

③
 2,140684,3,1
 subarachnoid
 hemorrhage
 ② temporal

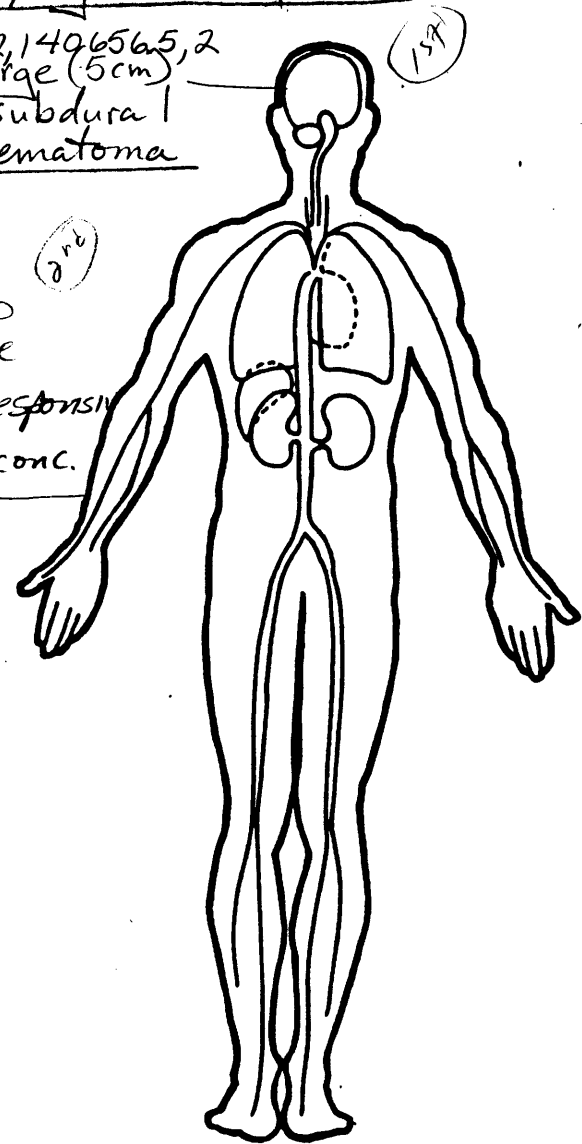


2,1406223,3
 ③ large contusions
 frontal lobes

2cm midline shift
 w/ signs of herniation

2,1406565,2
 large (5cm)
 ① subdural
 hematoma

2,160214,5,0
 LOC > 24hrs
 initially
 confused to
 place/time
 otherwise responsive
 became unconc.



① SR



1. Primary Sampling Unit Number 49
 2. Case Number - Stratum 6 20 P
 3. Vehicle Number 0 1


VEHICLE IDENTIFICATION

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

5. Vehicle Make (specify): 20
CHEVROLET
 Applicable codes are found in your
 NASS PCDS Data Collection, Coding and
 Editing Manual. 4/8
 (99) Unknown

6. Vehicle Model (specify): 431
SUBURBAN
 Applicable codes are found in your
 NASS PCDS Data Collection, Coding and
 Editing Manual. (99) Unknown

7. Body Type 16
 Note: Applicable codes may be found on
 the back of this page.

8. Vehicle Identification Number
1GNER16K4ME 
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
 Left justify; Slash zeros and letter Z (Ø and Z)
 No VIN—Code all zeros
 Unknown—Code all nines

OFFICIAL RECORDS

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

10. Speed Limit 000
 (000) No statutory limit
 Code posted or statutory speed limit DRIVEWAY
 in kmph
 (999) Unknown
 ___ mph X 1.6093 = ___ kmph

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

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
 Source: PAR

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, Ranchero, 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 ($\leq 4,500$ 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 ($\leq 4,500$ 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 ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ 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 ($\leq 4,500$ 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 $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ 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

RECONSTRUCTION DATA

15. Vehicle Curb Weight 2080⁰
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

4581 lbs X .4536 = 2078 kgs

Source: 

16. Vehicle Cargo Weight 000⁰
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

_____ lbs X .4536 = _____ kgs

18. Impact Speed 008⁺
7.6 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

OTHER DATA

PRECRASH 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

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

22. Pre-Event Vehicle Movement 09
 (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

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

23. Critical Precrash Event

This Vehicle Loss of Control Due To: 16 40
(DRIVEWAY)

- (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 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

- (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

- (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>4</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>0</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): _____ (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>0</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>1</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): _____ (9) <u>Unknown</u></p>	

49-620

~~96~~

POI to FRP 1.4m = 4.6 ft

PQ time 0.5 s.u

$$f = 0.25$$

$$s = vt + \frac{v^2}{2f}$$

$$4.6 = 0.5v + \frac{v^2}{(2)(0.25)(32.2)}$$

0.024 v²

$$0.024v^2 + 0.5v - 4.6 = 0$$

$$A = 0.024$$

$$B = 0.5$$

$$C = -4.6$$

$$v = \frac{-0.5 \pm \sqrt{(0.5)^2 - 4(0.024)(-4.6)}}{(2)(0.024)}$$

$$= 6.9 \text{ fps} = 4.7 \text{ mph} = 7.6 \text{ KPH}$$



1. Primary Sampling Unit Number	<u>45</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>622P</u>		

VEHICLE IDENTIFICATION

VIN LGNERL6K4MF XXXXXXXXXX Model Year 91

Vehicle Make (specify): CHEVROLET Vehicle Model (specify): SUBURBAN

PEDESTRIAN FRONT CONTACT WORK SHEET

Due To Driver Time Constraints - Video was shot only with gauge on vehicle

PEV06 Hood Material	<u>STEEL</u>
PEV08 Hood Length	<u>120</u> cm
PEV09 Hood Width-Forward Opening	<u>172</u> cm
PEV10 Hood Width-Midway	<u>174</u> cm
PEV11 Hood Width-Rear Opening	<u>176</u> cm
PEV14 Front Bumper Cover Material	<u>Steel No Cover</u>
PEV15 Front Bumper Reinforcement Material	<u>STEEL</u>

VERTICAL MEASUREMENTS

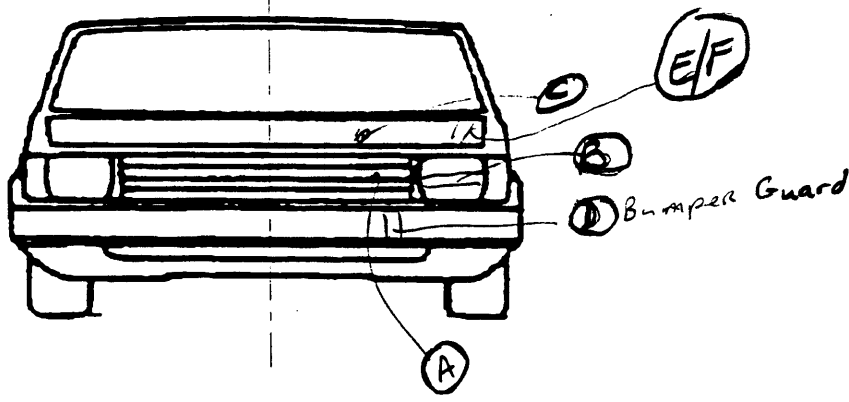
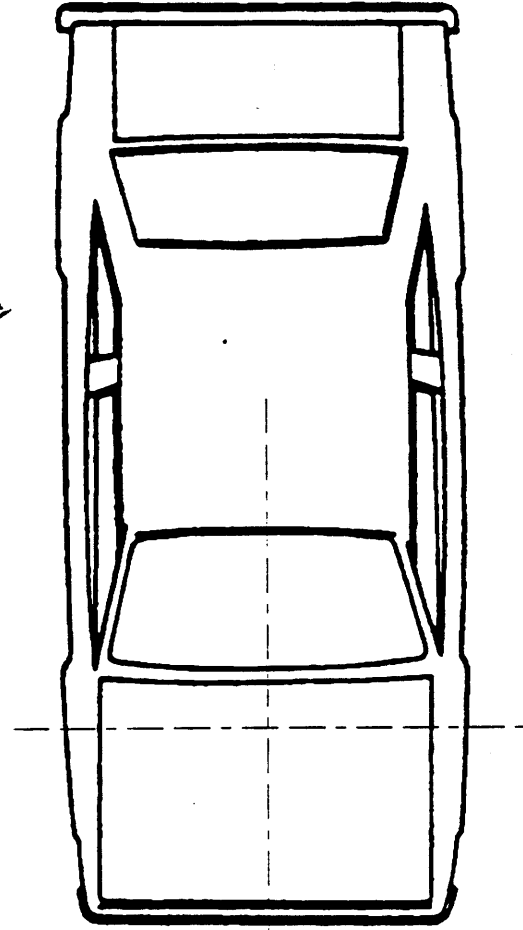
PEV16 Front Bumper-Bottom Height	<u>37</u> cm ✓
PEV17 Front Bumper-Top Height	<u>57</u> cm ✓
PEV18 Forward Hood Opening	<u>97</u> cm ✓
PEV19 Front Bumper Lead	<u>14</u> cm ✓

WRAP DISTANCES

PEV20 Ground to Forward Hood Opening	<u>97</u> cm ✓
PEV21 Ground to Front/Top Transition Point	<u>104</u> cm ✓
PEV22 Ground to Rear Hood Opening	<u>224</u> cm ✓
PEV23 Ground to Base of Windshield	<u>230</u> cm ✓
PEV24 Ground to Top of Windshield	<u>291</u> cm ✓
PEV25 Ground to Head Contact	<u>099</u> cm ✓

VEHICLE DAMAGE SKETCH

at due to drop of
 ped height should
 transition hood points



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 axes (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 axes) from the ground: 172 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

Wheelbase	<u>129.5</u> inches	x 2.54 =	<u>329</u> cm ✓
Overall Length	<u>219.1</u> inches	x 2.54 =	<u>557</u> cm ✓
Maximum Width	<u>79.6</u> inches	x 2.54 =	<u>202</u> cm ✓
Curb Weight	<u>4.581</u> pounds	x .4536 =	<u>2.078</u> kg ✓
Average Track	_____ inches	x 2.54 =	<u>165</u> cm
Front Overhang	<u>34.9</u> inches	x 2.54 =	<u>089</u> cm
Rear Overhang	_____ inches	x 2.54 =	_____ cm
Undeformed End Width	_____ inches	x 2.54 =	<u>190</u> cm
Engine Size: cyl./displ.	_____ cc	x .001 =	_____ L
	<u>V8/5.7L</u> CID	x .0164 =	<u>5.7</u> LV

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

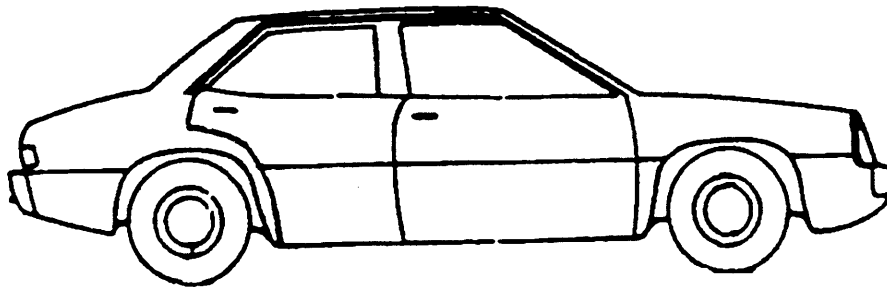
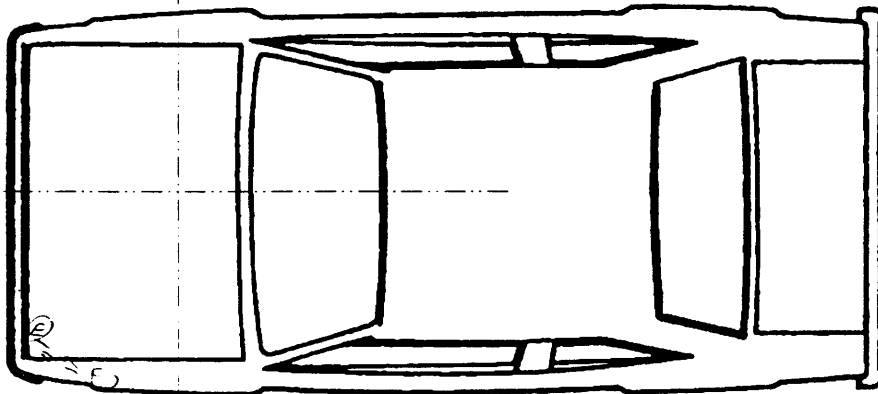
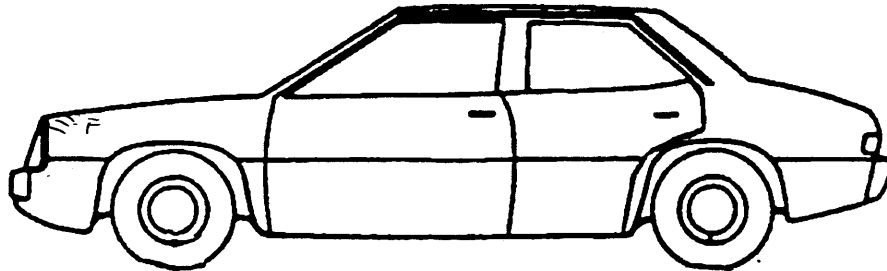
Accessories

- 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 axes (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 axes) from the ground: _____ cm

VEHICLE DIMENSIONS

4. Original Wheelbase 329 ✓
 _____ Code to the nearest centimeter
 (999) Unknown
129.5 inches X 2.54 = _____ 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 Equipment Manufacturer (OEM) 1 ✓
 (1) OEM factory installed hood
 (2) OEM replacement
 (3) Non-OEM replacement
 (9) Unknown

8. Hood Length 120 ✓
 _____ Code to the nearest centimeter
 (180) 180 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeter

9. Hood Width Forward Opening 172 ✓
 _____ Code to the nearest centimeter
 (210) 210 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

10. Hood Width Midway 174 ✓
 _____ Code to the nearest centimeter
 (210) 210 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

11. Hood Width Rear Opening 176 ✓
 _____ 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 4 ✓
 (0) No front contact
 (1) Plastic
 (2) Fiberglass
 (3) Rubber
 (4) Other (specify): Steel
 (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 037 ✓
 _____ 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 057 ✓
 _____ 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 097 ✓
 _____ 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 14 ✓
 (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 230 ✓
 _____ 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 291 ✓
 _____ 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 est 210 ✓
 _____ 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

Front Wrap Distance Measurements

20. Ground to Forward Hood Opening 097 ✓
 _____ 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 104 ✓
 _____ 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 224 ✓
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (400) 400 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

SIDE CONTACT DAMAGE

Side Vertical Measurements

26. Ground Clearance 000
 _____ 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

Side Lateral Measurements

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 000
Code to the nearest centimeter
(000) No side contact
(300) 300 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

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 000
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>LETTER FROM</u>
2. Case Number - Stratum	<u>6 20 P</u>		<u>SON (REDACTED)</u>
3. Pedestrian Number	<u>0 1</u>		<u>(REDACTED)</u>

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

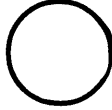
If the pedestrian was not the person interviewed, was an appointment made for a follow-up interview?

PEDESTRIAN'S DESCRIPTION OF ACCIDENT EVENTS

WALKING ON SIDEWALK & VEHICLE PULLED FORWARD AS HE CROSSED A DRIVEWAY & HIT HIM & KNOCKED HIM INTO THE 1ST LANE OF THE STREET.

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
6200
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 20 P

PEDESTRIAN PRE-CRASH DATA QUESTIONS

<p>1. Did the driver of the vehicle which hit you lose control of the vehicle and collide with you before regaining control? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, explain: _____</p> <p>2. Did the driver take any avoidance actions prior to the collision (with you)? <input type="checkbox"/> No - Go to question 3 <input type="checkbox"/> Yes- Go to question 2a.</p> <p>2a. What actions did the driver take? <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Accelerating <input type="checkbox"/> Steering left <input type="checkbox"/> Steering right <input type="checkbox"/> Other (specify): _____</p> <p>2b. Did the vehicle skid sideways? <input type="checkbox"/> No <input type="checkbox"/> Yes- which way <input type="checkbox"/> Clockwise <input type="checkbox"/> Counter clockwise How much rotation <input type="checkbox"/> Less than 30° <input type="checkbox"/> 30° or more</p> <p>3. Before the collision, was the driver attentive to the driving task or was the driver distracted by: <input type="checkbox"/> Another person in the vehicle <input type="checkbox"/> A moving object in the vehicle <input type="checkbox"/> Something outside the vehicle (specify): _____ <input type="checkbox"/> Cellular phone or CB, specify: _____ <input type="checkbox"/> Sleeping or dozing <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not distracted</p> <p>4. Can you estimate the speed of the vehicle at the time of the collision? <input type="checkbox"/> Stopped <input type="checkbox"/> 1-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-50 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70+</p> <p>5. Just prior to the impact, were you: <input checked="" type="checkbox"/> Standing/Walking/Running <input type="checkbox"/> Crouching <input type="checkbox"/> Kneeling <input type="checkbox"/> Bending at the waist <input type="checkbox"/> Other (specify): _____</p>	<p>6. Just before the impact, were you: <input type="checkbox"/> Stopped <input checked="" type="checkbox"/> Walking <input type="checkbox"/> Walking Rapidly <input type="checkbox"/> Running or Jogging <input type="checkbox"/> Hopping <input type="checkbox"/> Skipping <input type="checkbox"/> Jumping <input type="checkbox"/> Falling or Rising <input type="checkbox"/> Other (specify): _____</p> <p>7. Just before the impact, were you: <input type="checkbox"/> Crossing road, straight <input type="checkbox"/> Crossing road, diagonally <input type="checkbox"/> Moving in road, with traffic <input type="checkbox"/> Moving in road, against traffic <input type="checkbox"/> Off road, approaching road <input type="checkbox"/> Off road, going away from road <input checked="" type="checkbox"/> Off road, moving parallel <input checked="" type="checkbox"/> Off road, crossing driveway <input type="checkbox"/> Off road, moving along driveway <input type="checkbox"/> Other (specify): _____</p> <p>8. Before trying to avoid being struck by the vehicle, was your chest: <input type="checkbox"/> Facing vehicle <input type="checkbox"/> Facing away <input checked="" type="checkbox"/> Left side to vehicle <input type="checkbox"/> Right side to vehicle <input type="checkbox"/> Other (specify): _____</p> <p>9. Did you do anything to avoid being hit, like: <input type="checkbox"/> Stopping <input type="checkbox"/> Accelerating pace <input type="checkbox"/> Running away (along vehicle path) <input type="checkbox"/> Jumping <input type="checkbox"/> Turning toward the vehicle <input type="checkbox"/> Turning away from the vehicle <input type="checkbox"/> Diving or Falling away</p> <p>Using hands to: <input type="checkbox"/> Vault corner of vehicle <input type="checkbox"/> Vault onto vehicle <input type="checkbox"/> Brace against vehicle <input type="checkbox"/> Crouch and brace hands against vehicle <input type="checkbox"/> Combination of above (specify): _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> No</p> <p>10. What portion of the vehicle first struck you? <input checked="" type="checkbox"/> The front <input type="checkbox"/> Corner, or <input type="checkbox"/> Side</p>
---	---

1. Primary Sampling Unit Number 49 3. Pedestrian Number 01
 2. Case Number - Stratum 620P

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): UNK

12. Which way was your head facing (relative to your chest) at impact?
 To front
 To left
 To right
 Up
 Down
 Other (specify): UNK

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
UNK

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
 Left foot off the ground
 Right foot off the ground
 Both feet off the ground
 Other (specify): UNK

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

KNO CLUED TO STREET

16. Height, Weight, Age, and Sex?

Height _____
 Weight _____
 Age _____

Sex:
 Male
 Female

UNK
SEE AUTOPSY
UPDATE

17. What kind of shoes were you wearing?

UNK

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

_____ Ground to center of knee cap
 _____ Ground to top of hip bone
 _____ Ground to top of shoulder

UNK

19. Type/Color of clothing worn?

UNK

20. Was an object carried or worn?

(specify): UNK

Go to Pedestrian Injury Data questions

1. Primary Sampling Unit Number

49

3. Pedestrian Number

0 1

2. Case Number - Stratum

6 20 P

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.)

DIED AFTER 4 NIGHTS
IN HOSPITAL

7d. How many days were you in the hospital? 4 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:)

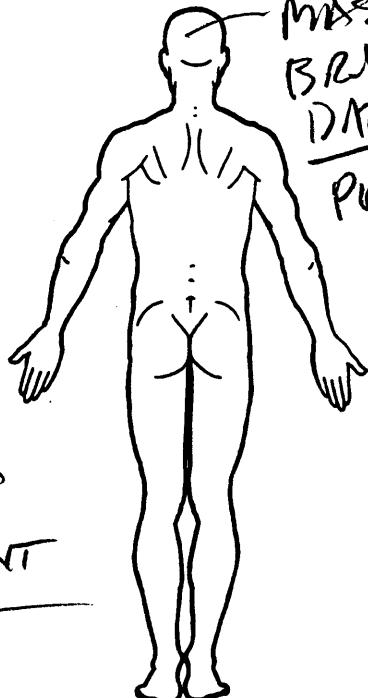
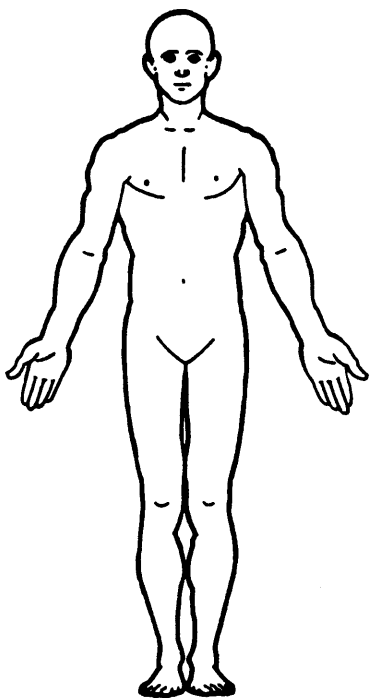
- Not working prior to the accident
 Unknown

PSU Number 44 Case Number-Stratum 6 20 P Pedestrian Number 0 1

PEDESTRIAN INJURY DATA FROM INTERVIEWEE(S)

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

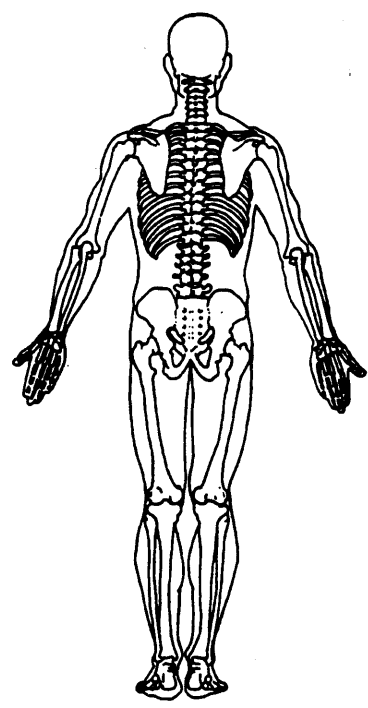
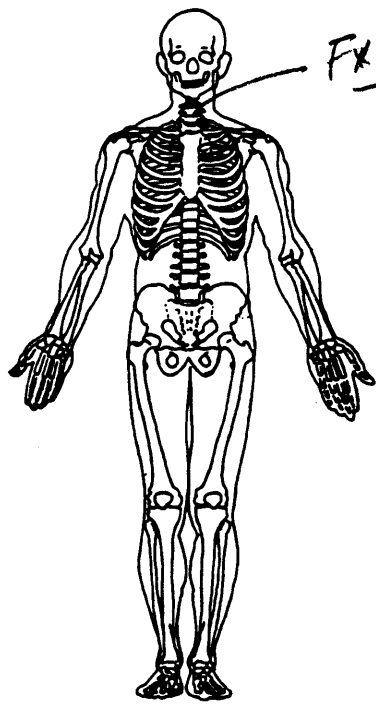
SOFT TISSUE/INTERNAL INJURIES



MASSIVE
BRN
DAMAGE
PROM OR VI

DIED 4 DAYS
AFTER ACCIDENT



SKELETAL INJURIES



FX NEUC
VI



DRIVER INTERVIEW FORM

1. Primary Sampling Unit Number	<u>49</u>	Interviewee(s) Role or Name(s):	<u>Driver</u>
2. Case Number - Stratum	<u>620 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

EXITING EAST BOUND DRIVEWAY TO TURN SOUTH ON
A STREET - LOOKED TO RIGHT & SAW NOTHING COMING
DOWN SIDEWALK - LOOKED LEFT & WITH TRAFFIC S/L
CLEARED, I TOOK MY FOOT OFF THE BRAKE & BEGAN
TO EASE FORWARD - LOOKED BACK TO FRONT OF
VEHICLE & SAW PED - HIS HANDS WERE OUTWARD
BRACING AGAINST MY VEHICLE - WHEN MY
VEH HIT HIM, HE FELL BACKWARDS ON TO
PAVEMENT IN RT CORNER OF STREET - I STOPPED
ALMOST IMMEDIATELY -

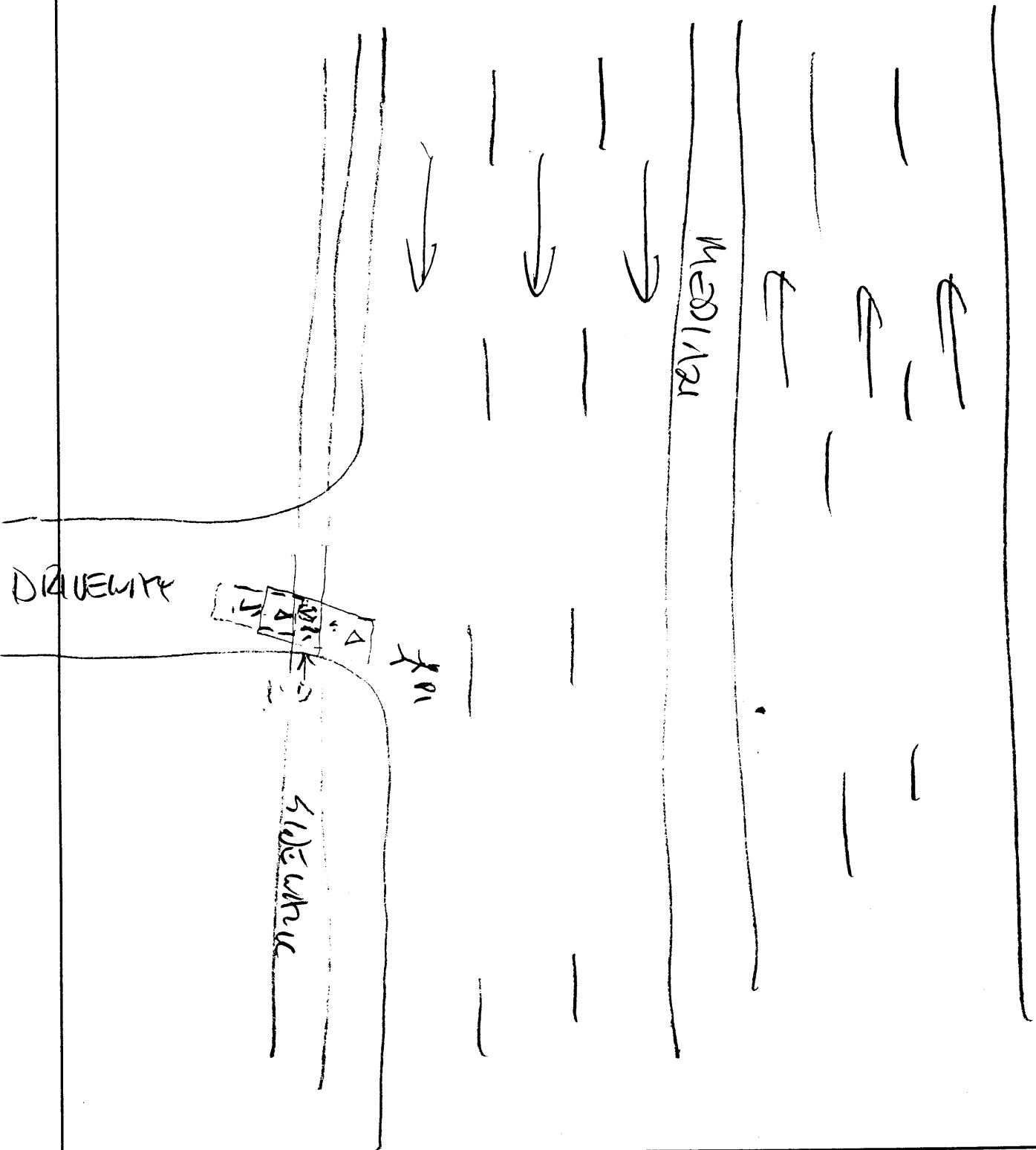
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

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

44

3. Vehicle Number

0 1

2. Case Number - Stratum

6 20 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 ^{1 MPH} 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 ^{1 MPH} 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)

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

N
 W (E) / E/SE
 S

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): _____

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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: NO 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): _____

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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
 Up
 Down
 Other (specify): _____

28. Where were the pedestrian's 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 hand
 Other (specify): _____

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

Were they:

- Together
 Apart, laterally
 Apart, left leg forward *UNIC*
 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 ON TO*
 _____ *PVMT*

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

