



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 368-0123



**PEDESTRIAN CASE SUMMARY**

PSU 90 CASE NO. 608-P TYPE OF ACCIDENT Car/Pedestrian/Crossing Road, diagonally

**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.)

Vehicle #1 was traveling South Bound on Roadway and passing a City Transit Bus that was stopped also Southbound. As vehicle was passing Bus Pedestrian #1 exited the Bus through front door and ran out into Roadway. Ped #1 ran into front right side of Veh #1, vaulted upon hood and into windshield, and came to rest in Roadway. Ped #1 died several hours later at a [REDACTED]. Ped was running from West to East.

**B. PEDESTRIAN PROFILE**

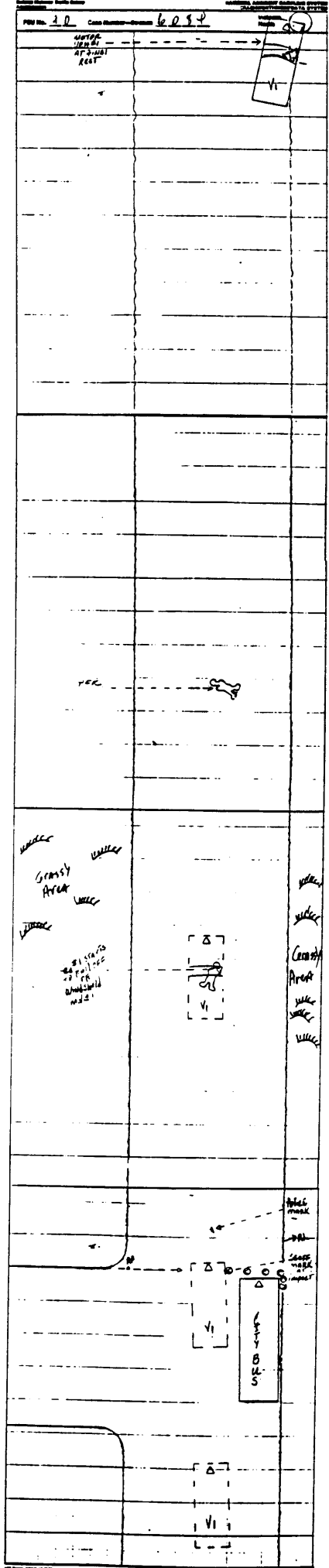
Pedestrian No.	Age	Sex	Treatment/Mortality	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Ana. Struc.	AIS	Injury Source
01	17	male	FATAL	Head	Head LOC	5	Front Header

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	Compact	1991 Pontiac Firebird	Right side	Fender, Hood, wind-shield.

DO NOT SANITIZE THIS FORM



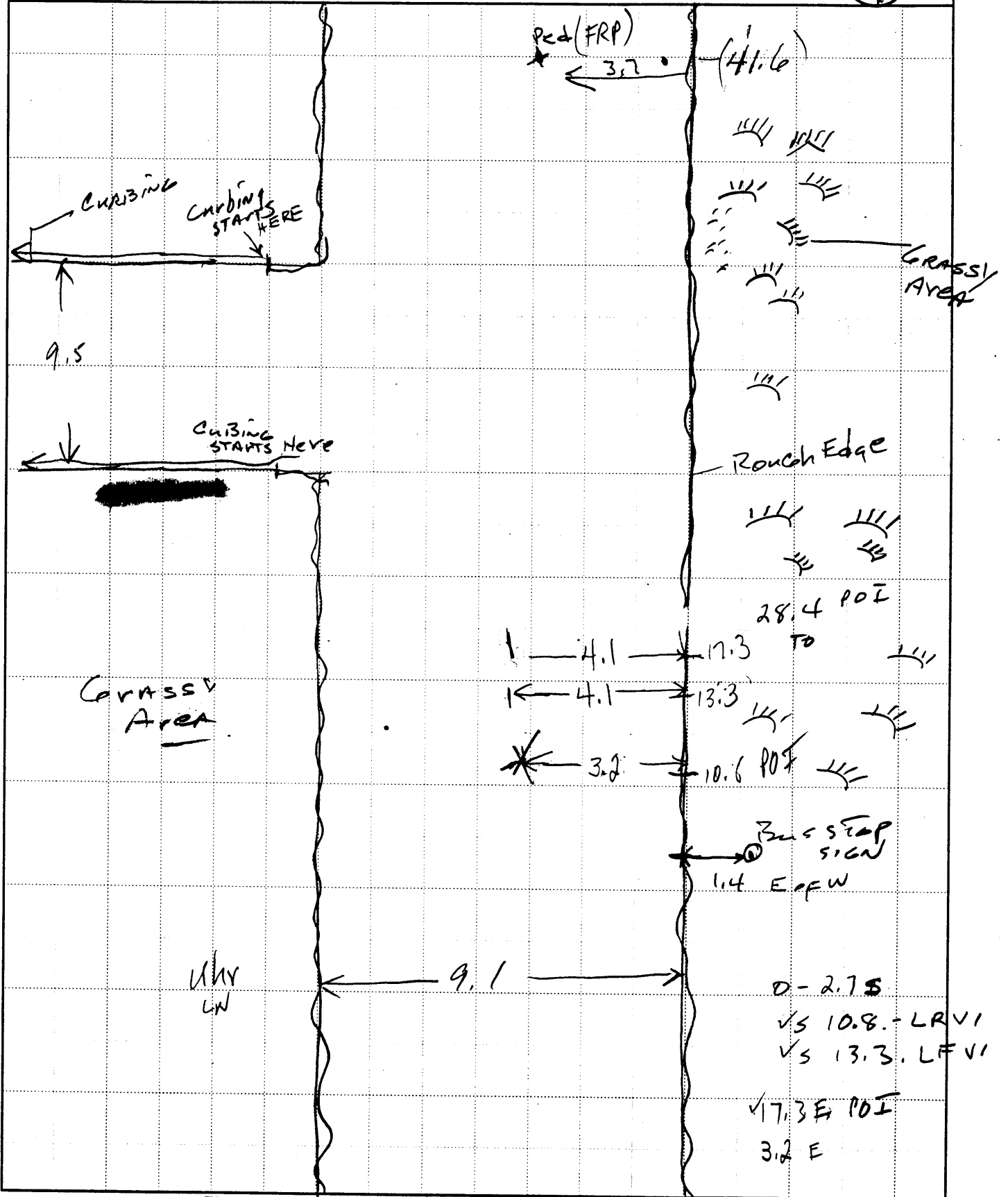


# ACCIDENT COLLISION DIAGRAM

PSU No. \_\_\_\_\_

Case Number—Stratum 608P

Indicate North





# PEDESTRIAN ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE COPY

NATIONAL ACCIDENT SAMPLING SYSTEM  
PEDESTRIAN CRASH DATA STUDY

Primary Sampling Unit Number 90

Case Number-Stratum 608P

PEDESTRIAN ACCIDENT COLLISION DATA COLLECTION		SCALED DIAGRAM
* document reference point and reference line relative to physical features	Surface Type <u>BIT/ASPHALT</u>	* north arrow placed on diagram
* documentation of all accident induced physical evidence including (if applicable):	Surface Condition <u>WORN</u>	* grade measurements for all applicable roadways
a) vehicle skid marks	Coefficient of Friction _____	* scaled representations of the physical plant including:
b) pedestrian contacts with ground or object	Grade (v/h) Measurement	a) all road/roadway delineation (e.g., crosswalks, curb/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.)
c) vehicle/pedestrian point of impact (POI)	a) at impact <u>0</u>	b) all traffic controls (e.g., lights, signs)
d) location of pedestrian separation point from vehicle	b) between impact and final rest <u>0</u>	* scaled representations of the vehicle and pedestrian at pre-impact, impact, and final rest based upon either:
f) final resting points (FRP) for pedestrian and vehicle	Pedestrian Travel Direction <u>WEST-EAST</u>	a) physical evidence, or
* documentation of the physical plant including:	Vehicle Travel Direction <u>SOUTH</u>	b) reconstructed accident dynamics
a) all road/roadway delineation (e.g., crosswalks, curb/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.)	Number of Travel Lanes <u>2</u>	
b) all traffic controls (e.g., lights, signs)		

Reference Point: South Curbline @

Reference Line: WEST Curbline

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>South Curbline</u>	<u>0.0</u>	<u>0.0</u>
<u>Ped. SCUFF MARK / POI</u>	<u>0.0 meters / SOUTH</u>	<u>3.9 meters / EAST</u>
<u>SCUFF MARK OR POLICE MARK</u>	<u>3.0 meters / SOUTH</u>	<u>4.1 meters / EAST</u>
<u>Ped. POI</u>	<u>0.0 METERS / SOUTH</u>	<u>3.9 METERS / EAST</u>
<u>Ped FINAL REST POSITION</u>	<u>44.9 meters / SOUTH</u>	<u>4.5 meters / EAST</u>
<u>FRP &amp; vel + ped plotted</u>		
<u>by Traffic Officer</u>		





# PEDESTRIAN ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 90 Case Number-Stratum 608P

PEDESTRIAN ACCIDENT COLLISION DATA COLLECTION		SCALED DIAGRAM
<ul style="list-style-type: none"> <li>document reference point and reference line relative to physical features</li> </ul>	Surface Type <u>BITUMINOUS/ASPHALT</u>	<ul style="list-style-type: none"> <li>north arrow placed on diagram</li> </ul>
<ul style="list-style-type: none"> <li>documentation of all accident induced physical evidence including (if applicable):</li> <li>a) vehicle skid marks</li> <li>b) pedestrian contacts with ground or object</li> <li>c) vehicle/pedestrian point of impact (POI)</li> <li>d) location of pedestrian separation point from vehicle</li> <li>f) final resting points (FRP) for pedestrian and vehicle</li> </ul>	Surface Condition <u>WORN</u>	<ul style="list-style-type: none"> <li>grade measurements for all applicable roadways</li> </ul>
	Coefficient of Friction <u>.65</u>	<ul style="list-style-type: none"> <li>scaled representations of the physical plant including:                             <ul style="list-style-type: none"> <li>a) all road/roadway delineation (e.g., crosswalks, curb/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.)</li> <li>b) all traffic controls (e.g., lights, signs)</li> </ul> </li> </ul>
Grade (v/h) Measurement:	<ul style="list-style-type: none"> <li>scaled representations of the vehicle and pedestrian at pre-impact, impact, and final rest based upon either:                             <ul style="list-style-type: none"> <li>a) physical evidence, or</li> <li>b) reconstructed accident dynamics</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>documentation of the physical plant including:                             <ul style="list-style-type: none"> <li>a) all road/roadway delineation (e.g., crosswalks, curb/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.)</li> <li>b) all traffic controls (e.g., lights, signs)</li> </ul> </li> </ul>	a) at impact <u>0</u>	
	b) between impact and final rest <u>0</u>	
	Pedestrian Travel Direction <u>West-East</u>	
	Vehicle Travel Direction <u>South</u>	
	Number of Travel Lanes <u>2</u>	

Reference Point: Bus stop pole Reference Line: West/Rough  
(West/Roadway Edge) Roadway Edge

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>Drain</u>	<u>0</u>	<u>0</u>
<u>City Bus stop pole</u>	<u>0</u>	<u>1.4 W</u>
<u>Scuff Mark/POI</u>	<u>10.8 S</u>	<u>3.2 E</u>
<u>Scuff Mark</u>	<u>13.3 S</u>	<u>4.1 E</u>
<u>Ped Final Rest</u>	<u>41.6</u>	<u>3.7 E</u>
<u>Roadway width</u>	<u>9.1 E of W</u>	
<u>Roadway width</u>	<u>9.8 N of S</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 90  
 2. Case Number - Stratum 601P  
 3. Pedestrian Number 01

10. Pedestrian's Weight 999  
 Code actual weight to the nearest kilogram. *Per Autopsy 1*  
 (999) Unknown  
175 pounds X .4536 = 079 kilograms

## PEDESTRIAN'S CHARACTERISTICS

4. Pedestrian's Age 17  
 Code actual age at time of accident.  
 (00) Less than one year old (specify by month): \_\_\_\_\_  
 (97) 97 years and older \_\_\_\_\_  
 (99) Unknown \_\_\_\_\_

5. Pedestrian's Sex 1  
 (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

6. Pedestrian's Overall Height 173  
 Code actual height to the nearest centimeter. *Autopsy*  
 (999) Unknown 68 inches X 2.54 = 999 centimeters

7. Pedestrian's Height - Ground to Knee 49  
 Code to the nearest centimeter. *49.3*  
 (999) Unknown 00 inches X 2.54 = 99 centimeters

8. Pedestrian's Height - Ground to Hip 99  
 Code to the nearest centimeter. *91.7*  
 (999) Unknown 00 inches X 2.54 = 999 centimeters

9. Pedestrian's Height - Ground to Shoulder 99  
 Code to the nearest centimeter. *141.5*  
 (999) Unknown 00 inches X 2.54 = 999 centimeters

## PEDESTRIAN'S PRE-AVOIDANCE ACTIONS

11. Pedestrian Attitude 1 ~~2~~  
 (1) Standing  
 (2) Crouching  
 (3) Kneeling  
 (4) Bending at waist  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

12. Pedestrian Motion 3  
 (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

13. Pedestrian's Action Relative to Vehicle 02  
 (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

14. Pedestrian's Body (Chest) Orientation Relative to Striking Vehicle Prior to Avoidance Actions 1  
 (1) Facing vehicle  
 (2) Facing away  
 (3) Left side to vehicle  
 (4) Right side to vehicle  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

From 2.00 to 2.00

**PEDESTRIAN'S AVOIDANCE ACTIONS**15. Pedestrian's First Avoidance Actions 0 0

- (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 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 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 9 9

- (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 0 4

- (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 0 2

- (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

00  
96

Source: Autopsy

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

00

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 03  
 (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) - HCO<sub>3</sub> 01  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

33. Time to Death 01  
 \_\_\_\_\_ 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 18

35. 2nd Medically Reported Cause of Death 21

36. 3rd Medically Reported Cause of Death 17  
 \_\_\_\_\_ 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 25  
 \_\_\_\_\_ 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>90</u>	3. Pedestrian Number <u>0 1</u>
2. Case Number - Stratum <u>6 0 8 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 Confidence Level	Direct/Indirect Injury	Striking Profile	Type Of Damage	Damage Depth
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
1st	5. <u>1</u>	6. <u>8</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>720</u>	13. <u>1</u>	14. <u>1</u>	15. <u>3</u>	16. <u>4</u>	17. <u>5</u>
2nd	18. <u>1</u>	19. <u>8</u>	20. <u>5</u>	21. <u>18</u>	22. <u>14</u>	23. <u>3</u>	24. <u>2</u>	25. <u>720</u>	26. <u>1</u>	27. <u>1</u>	28. <u>3</u>	29. <u>4</u>	30. <u>5</u>
3rd	31. <u>1</u>	32. <u>8</u>	33. <u>5</u>	34. <u>30</u>	35. <u>00</u>	36. <u>3</u>	37. <u>5</u>	38. <u>773</u>	39. <u>1</u>	40. <u>1</u>	41. <u>2</u>	42. <u>4</u>	43. <u>3</u>
4th	44. <u>1</u>	45. <u>7</u>	46. <u>9</u>	47. <u>02</u>	48. <u>02</u>	49. <u>1</u>	50. <u>2</u>	51. <u>775</u>	52. <u>1</u>	53. <u>1</u>	54. <u>2</u>	55. <u>1</u>	56. <u>1</u>
5th	57. <u>1</u>	58. <u>7</u>	59. <u>9</u>	60. <u>02</u>	61. <u>02</u>	62. <u>1</u>	63. <u>2</u>	64. <u>775</u>	65. <u>1</u>	66. <u>1</u>	67. <u>2</u>	68. <u>1</u>	69. <u>1</u>
6th	70. <u>1</u>	71. <u>7</u>	72. <u>9</u>	73. <u>04</u>	74. <u>02</u>	75. <u>1</u>	76. <u>2</u>	77. <u>775</u>	78. <u>1</u>	79. <u>1</u>	80. <u>2</u>	81. <u>5</u>	82. <u>8</u>
7th	83. <u>1</u>	84. <u>7</u>	85. <u>9</u>	86. <u>02</u>	87. <u>02</u>	88. <u>1</u>	89. <u>2</u>	90. <u>775</u>	91. <u>1</u>	92. <u>1</u>	93. <u>2</u>	94. <u>5</u>	95. <u>8</u>
8th	96. <u>1</u>	97. <u>4</u>	98. <u>4</u>	99. <u>14</u>	100. <u>06</u>	101. <u>3</u>	102. <u>2</u>	103. <u>775</u>	104. <u>1</u>	105. <u>1</u>	106. <u>2</u>	107. <u>5</u>	108. <u>8</u>
9th	109. <u>1</u>	110. <u>4</u>	111. <u>2</u>	112. <u>02</u>	113. <u>08</u>	114. <u>4</u>	115. <u>4</u>	116. <u>775</u>	117. <u>1</u>	118. <u>1</u>	119. <u>2</u>	120. <u>5</u>	121. <u>8</u>
10th	122. <u>1</u>	123. <u>2</u>	124. <u>9</u>	125. <u>02</u>	126. <u>02</u>	127. <u>1</u>	128. <u>7</u>	129. <u>775</u>	130. <u>1</u>	131. <u>1</u>	132. <u>2</u>	133. <u>5</u>	134. <u>8</u>

## PEDESTRIAN INJURY DATA

Source of Injury Data	Body Region	AIS 90					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Striking Profile	Type Of Damage	Damage Depth	
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect							
11th	1	2	9	02	02	1	2	775	1	1	2	5	8
12th	1	2	9	02	02	1	2	775	1	1	2	5	8
13th	1	2	9	02	02	1	4	775	1	1	2	5	8
14th	1	2	9	06	02	1	7	775	1	1	2	5	8
15th	1	1	4	06	12	3	2	775	1	1	2	5	8
16th	1	8	5	28	00	3	6	775	1	1	4	3	3
17th	1	1	5	02	06	4	8	776	1	1	4	1	1
18th	1	1	6	08	24	5	0	776	1	1	4	1	1
19th	1	1	4	06	84	3	1	776	1	1	4	1	1
20th	1	1	4	06	84	3	2	776	1	1	4	1	1
21st	1	1	4	06	54	5	3	776	1	1	4	1	1
22nd	1	1	9	04	02	1	6	947	1	1	0	0	0
23rd	1	1	9	06	02	1	6	947	1	1	0	0	0
24th	1	6	9	02	02	1	1	947	1	1	0	0	0
25th	1	7	9	02	02	1	1	947	1	1	0	0	0



<p><b>SOURCE OF INJURY DATA</b></p> <p><b>OFFICIAL</b></p> <p>(1) Autopsy records with or without hospital/medical records</p> <p>(2) Hospital/medical records other than emergency room (e.g., discharge summary)</p> <p>(3) Emergency room records only (including associated X-rays or other lab reports)</p> <p>(4) Private physician, walk-in or emergency clinic</p> <p><b>UNOFFICIAL</b></p> <p>(5) Lay coroner report</p> <p>(6) E.M.S. personnel</p> <p>(7) Interviewee</p> <p>(8) Other source (specify): _____</p> <p>(9) Police</p>	<p><b>INJURY SOURCE CONFIDENCE LEVEL</b></p> <p>(1) Certain</p> <p>(2) Probable</p> <p>(3) Possible</p> <p>(9) Unknown</p> <p><b>DIRECT/INDIRECT INJURY</b></p> <p>(1) Direct contact injury</p> <p>(2) Indirect contact injury</p> <p>(3) Noncontact injury</p> <p>(7) Injured, unknown source</p> <p><b>STRIKING PROFILE</b></p> <p>(0) Injury not from vehicle contact</p> <p>(1) Flat-Narrow (&lt; 15 centimeters)</p> <p>(2) Flat-Wide (≥ 15 centimeters)</p> <p>(3) Rounded (contoured)</p> <p>(4) Rounded edge</p> <p>(5) Sharp edge</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>	<p><b>TYPE OF DAMAGE</b></p> <p>(0) Injury not from vehicle contact</p> <p>(1) No damage/contact</p> <p>(2) Scratch (Scuff, Cloth Transfer, Smear)</p> <p>(3) Dent</p> <p>(4) Large deformation</p> <p>(5) Cracked, fractured, shattered</p> <p>(6) Separated from vehicle</p> <p>(7) Noncontact injury</p> <p>(8) Other specify: _____</p> <p>(9) Unknown</p> <p><b>DAMAGE DEPTH</b></p> <p>(0) Injury not from vehicle contact</p> <p>(1) No residual damage</p> <p>(2) Surface only damage</p> <p>(3) Crush depth &gt; 0 to 2 centimeters</p> <p>(4) Crush depth &gt; 2 to 5 centimeters</p> <p>(5) Crush depth &gt; 5 to 10 centimeters</p> <p>(8) Other specify: _____</p> <p>(9) Unknown</p>
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<b>PEDESTRIAN INJURY CLASSIFICATION</b>			
<b>Body Region</b>	<b>Specific Anatomic Structure</b>	<b>Spine</b>	<b>Abbreviated Injury Scale</b>
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	<u>Whole Area</u> (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	(02) Cervical (04) Thoracic (06) Lumbar  <u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02  <b>Level of Injury</b>  Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Minor injury (2) Moderate injury (3) Serious injury (4) Severe injury (5) Critical injury (6) Maximum (untreatable) (7) Injured, unknown severity
<b>Type of Anatomic Structure</b>	<u>Head - LOC</u>		<b>Aspect</b>
(1) Whole Area (2) Vessels (3) Nerves (4) Organs (includes muscles/ligaments) (5) Skeletal (includes joints) (6) Head - LOC (9) Skin	(02) Length of LOC (04, 06, 08) Level of Consciousness (10) Concussion	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.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region

<b>INJURY SOURCE</b>		
<p><u>FRONT</u></p> <p>700 Front bumper</p> <p>701 Front lower valance/spoiler</p> <p>702 Front grille</p> <p>703 Hood edge and/or trim</p> <p>704 Hood ornament (fixed)</p> <p>705 Hood ornament (spring loaded)</p> <p>706 Headlight</p> <p>707 Retractable headlight door (Open/Closed)</p> <p>708 Turn signal/parking lights</p> <p>718 Other front or add on object (specify): _____</p> <p>719 Unknown front object</p>	<p>744 B pillar</p> <p>745 C pillar</p> <p>746 D pillar</p> <p>748 Other pillar (specify): _____</p> <p>749 Right side roof rail</p> <p>750 Right side door surface</p> <p>751 Right side door handle</p> <p>752 Right side mirror fixed housing</p> <p>753 Right side folding mirror</p> <p>754 Right side glazing forward of B pillar</p> <p>755 Right side glazing rearward of B pillar</p> <p>756 Rear antenna</p> <p>757 Rear fender or quarter panel</p> <p>758 Other right side object (specify): _____</p> <p>759 Unknown right side component</p>	<p><u>Wheels / tires</u></p> <p>790 Left front wheel / tire</p> <p>791 Right front wheel / tire</p> <p>792 Left rear wheel / tire</p> <p>793 Right rear wheel / tire</p> <p>798 Other wheel / tire (specify): _____</p> <p>799 Unknown wheel / tire</p>
<p><u>Left Side Components</u></p> <p>720 Front fender side surface</p> <p>721 Front antenna</p> <p>722 A1 pillar</p> <p>723 A2 pillar</p> <p>724 B pillar</p> <p>725 C pillar</p> <p>726 D pillar</p> <p>728 Other pillar (specify): _____</p> <p>729 Left side roof rail</p> <p>730 Left side door surface</p> <p>731 Left side door handle</p> <p>732 Left side mirror fixed housing</p> <p>733 Left side folding mirror</p> <p>734 Left side glazing forward of B pillar</p> <p>735 Left side glazing rearward of B pillar</p> <p>736 Left side back fender or quarter panel</p> <p>737 Rear antenna</p> <p>738 Other left side object (specify): _____</p> <p>739 Unknown left side component</p>	<p><u>Back Components</u></p> <p>760 Rear (back) bumper</p> <p>761 Tailgate</p> <p>762 Hatchback, vertical surface</p> <p>768 Other back component (specify): _____</p> <p>769 Unknown back component</p>	<p><u>Undercarriage components</u></p> <p>800 Front crossmember</p> <p>801 Steering assembly/Front suspension</p> <p>802 Oil pan</p> <p>803 Exhaust system pipe</p> <p>804 Transmission</p> <p>805 Drive shaft</p> <p>806 Catalytic converter</p> <p>807 Muffler</p> <p>808 Floor pan</p> <p>809 Fuel tank</p> <p>810 Rear suspension</p> <p>818 Other undercarriage component (specify): _____</p> <p>819 Unknown undercarriage component</p>
<p><u>Right Side Components</u></p> <p>740 Front fender side surface</p> <p>741 Front antenna</p> <p>742 A1 pillar</p> <p>743 A2 pillar</p>	<p><u>Top Components</u></p> <p>770 Hood surface</p> <p>771 Hood surface reinforced by under hood component</p> <p>772 Front fender top surface</p> <p>773 Cowl area</p> <p>774 Wiper blade &amp; mountings</p> <p>775 Windshield glazing</p> <p>776 Front header</p> <p>777 Roof surface</p> <p>778 Backlight glazing</p> <p>779 Rear header</p> <p>780 Hatchback</p> <p>781 Rear trunk lid</p> <p>788 Other top component (specify): _____</p> <p>789 Unknown top component</p>	<p><u>Accessories</u></p> <p>820 Air scoop, deflector</p> <p>821 Cellular or CB radio antenna</p> <p>822 Emergency lights or bar</p> <p>823 Fog lights</p> <p>824 Luggage, ski, or bike rack</p> <p>825 Cargo (specify): _____</p> <p>826 Spare tire</p> <p>827 Spotlight</p> <p>828 Other accessory (specify): _____</p> <p><u>Other Object or Vehicle in Environment</u></p> <p>947 Ground</p> <p>948 Other object (specify): _____</p> <p>949 Unknown object in environment</p> <p>959 Unknown object on contacting vehicle</p> <p>997 Noncontact injury source</p> <p>999 Unknown injury source</p>

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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

Page 2

BEST AVAILABLE COPY

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.)

1,290602.1,7  
8cm lac forehead

1,290202.1,7  
1/2" linear abrasions forehead

1,290202.1,2  
2 1/2" linear abrasion temple

1,290202.1,2  
abrasions face and nose (linear)

1,290202.1,4

1,190402.1,2  
1/2" underlying contusion

1,190402.1,2  
laceration occipital scalp

1,790202.1,2  
1,790202.1,2  
1/2" abraded contusion anterior upper arm

1,790202.1,2  
1" abrasion elbow

1,790202.1,2  
1/2 + 1/4 abrasions dorsal hand

1,890202.1,2  
10" x 8" brush type abrasions upper thigh

1,190402.1,2  
4" brush burn abrasion upper back

1,690202.1,1  
3" brush burn abrasion lower back

1,790202.1,2  
2" multiple abrasions dorsum hand

vertical

19

20

21

# 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 = 0

Glasgow Coma Scale Score

GCSS = 3

Units of Blood Given

Units = 0

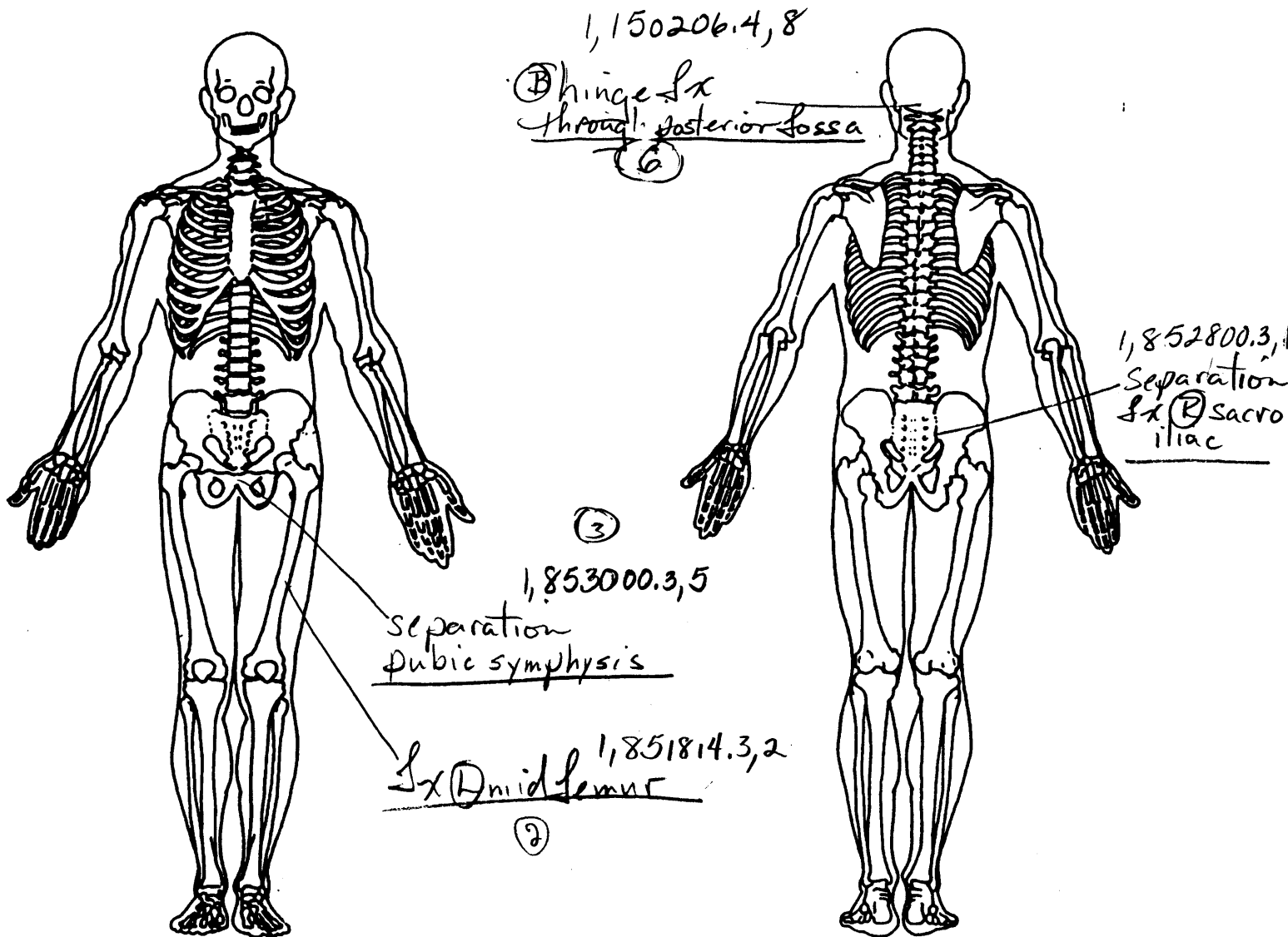
Arterial Blood Gases

Ph = /

PO<sub>2</sub> = /

PCO<sub>2</sub> = /

HCO<sub>3</sub> = /

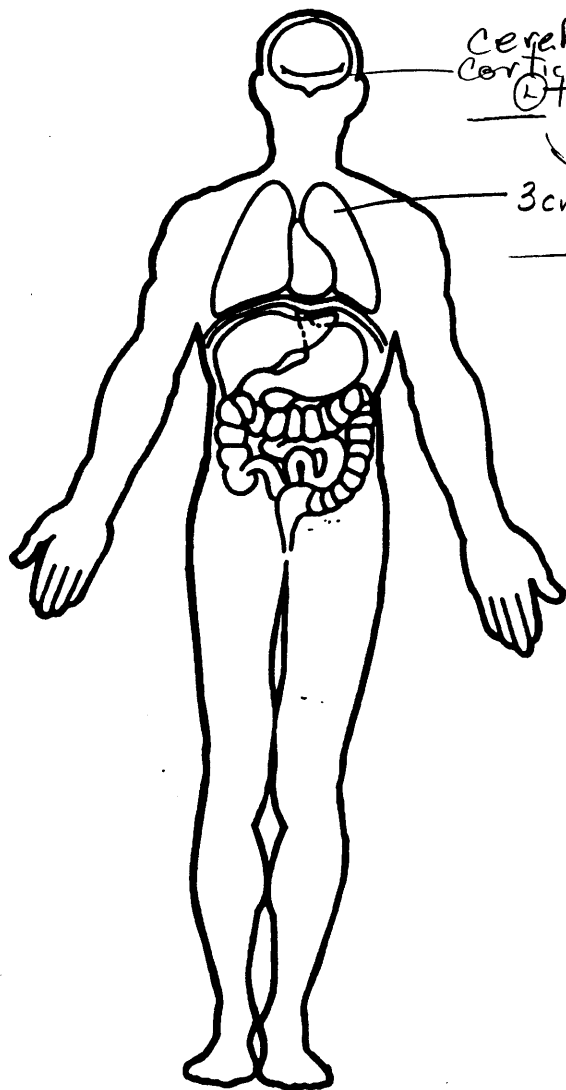


OFFICIAL INJURY DATA — INTERNAL INJURIES

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.)

pulse / resp

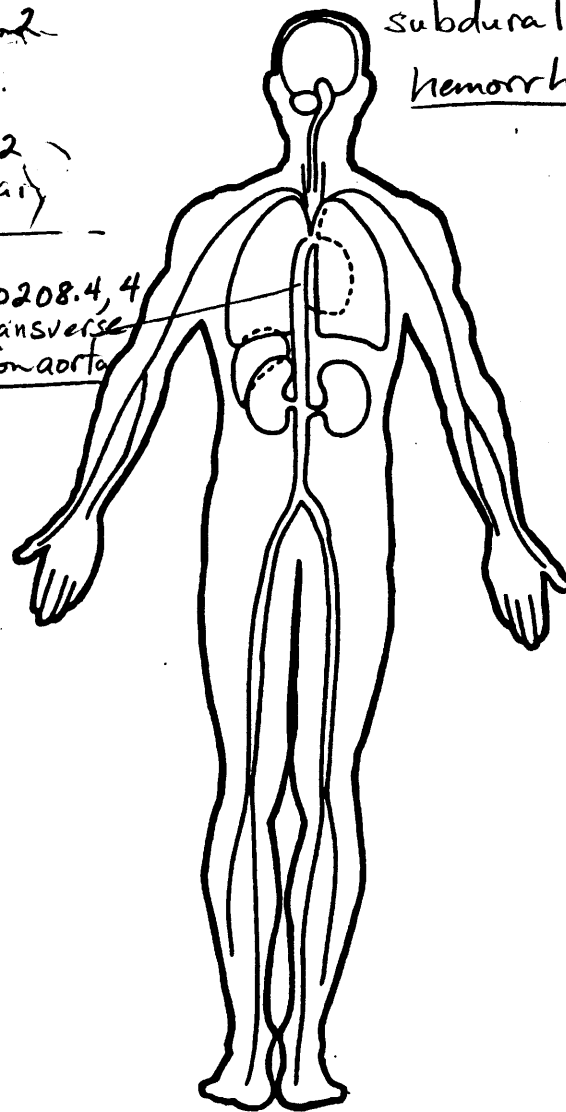
GCS = 3 1,160824,5,0  
pupils fixed/dilated (B) diffuse subarachnoid 1,140684.3,28  
 (D) 1,140684.3,1  
 subdural 1,140654.5,3 (9)  
hemorrhage



Cerebral 1,140612.3,2  
 Cortical contusions  
 (L) temporal lobe

1,441406.3,2  
 3cm (D) upper pulmonary  
 contusions

1,420208.4,4  
 0.8cm transverse  
 laceration aorta





1. Primary Sampling Unit Number 90  
 2. Case Number - Stratum 608P  
 3. Vehicle Number 01


**VEHICLE IDENTIFICATION**

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

5. Vehicle Make (specify): 22  
PONTIAC  
 Applicable codes are found in your  
 NASS PCDS Data Collection, Coding and  
 Editing Manual.  
 (99) Unknown

6. Vehicle Model (specify): 009  
FIREBIRD  
 Applicable codes are found in your  
 NASS PCDS Data Collection, Coding and  
 Editing Manual.  
 (999) Unknown

7. Body Type 02  
 Note: Applicable codes may be found on  
 the back of this page.

8. Vehicle Identification Number  
162FS23E1M1   
 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 48  
 (000) No statutory limit  
 Code posted or statutory speed limit  
 in kmph  
 (999) Unknown  
30 mph X 1.6093 = 042 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: \_\_\_\_\_

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**

15. Vehicle Curb Weight 1480  
 Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms 3121 lbs + 1415 kgs  
 (610) 6,100 kilograms or more V-Engine +45  
 (999) Unknown 1460  
3219 1459 lbs X .4536 = 6618 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  
00000 lbs X .4536 = 0000 kgs

**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

**RECONSTRUCTION DATA**

18. Impact Speed 060  
 Nearest kmph

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

19. Accuracy Range of Impact Speed Estimate 3  
 (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

22. Pre-Event Vehicle Movement 05  
 (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

80*This Vehicle Loss of Control Due To:*

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

## (09) Unknown cause of control loss

*This Vehicle Traveling*

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

*Other Motor Vehicle In Lane*

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

*Other Motor Vehicle Encroaching Into Lane*

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

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

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

(83) Pedalcyclist or other nonmotorist in roadway  
(specify): \_\_\_\_\_(84) Pedalcyclist or other nonmotorist approaching  
roadway (specify): \_\_\_\_\_(85) Pedalcyclist or other nonmotorist—unknown  
location (specify): \_\_\_\_\_*Object or Animal*

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

(99) Unknown

## 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

27. Relation to Junction 3 ~~2~~  
 (0) Non-junction  
 (1) Interchange area

*Non-Interchange*

- (2) Intersection  
 (3) Intersection-related  
 (4) Drive, alley access related  
 (5) Other non-interchange (specify):  
 \_\_\_\_\_  
 (6) Unknown type of non-interchange  
 (9) Unknown if interchange

28. Trafficway Flow 1

- (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

29. Number of Travel Lanes 2

- (1) One  
 (2) Two  
 (3) Three  
 (4) Four  
 (5) Five  
 (6) Six  
 (7) Seven or more  
 (9) Unknown

30. Roadway Alignment 1

- (1) Straight  
 (2) Curve right  
 (3) Curve left  
 (9) Unknown

31. Roadway Profile 1

- (1) Level  
 (2) Uphill Grade (> 2%)  
 (3) Downhill Grade (> 2%)  
 (4) Hillcrest  
 (5) Sag  
 (9) Unknown

32. Roadway Surface Type 2

- (1) Concrete  
 (2) Bituminous (asphalt)  
 (3) Brick or Block  
 (4) Slag, gravel or stone  
 (5) Dirt  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown

33. Roadway Surface Condition 1

- (1) Dry  
 (2) Wet  
 (3) Snow and slush  
 (4) Ice  
 (5) Sand, dirt or oil  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

34. Traffic Control Device 0 ~~5~~

- (0) No traffic control(s)  
 (1) Trafficway traffic control signal (not RR crossing)

*Regulatory or School Zone Sign (Not RR Crossing)*

- (2) Stop sign  
 (3) Yield sign  
 (4) School zone sign  
 (5) Other sign (specify):  
SPEED LIMIT SIGN  
 (6) Unknown sign  
 (7) Warning sign (not RR crossing)  
 (8) Miscellaneous/other controls including RR controls (specify):  
 \_\_\_\_\_  
 (9) Unknown

35. Traffic Control Device Functioning 0

- (0) No traffic control  
 (1) Not Functioning  
 (2) Functioning  
 (9) Unknown

36. Light Conditions 1

- (1) Daylight  
 (2) Dark  
 (3) Dark, but lighted  
 (4) Dawn  
 (5) Dusk  
 (9) Unknown

37. Atmospheric Conditions 1

- (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



1. Primary Sampling Unit Number 90  
2. Case Number - Stratum 608P

3. Vehicle Number 01

**VEHICLE IDENTIFICATION**

VIN 1G2FS23E1ML ~~XXXXXXXXXX~~ Model Year 91

Vehicle Make (specify): PONTIAC

Vehicle Model (specify): Firebird

**PEDESTRIAN FRONT 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  
PEV14 Front Bumper Cover Material \_\_\_\_\_  
PEV15 Front Bumper Reinforcement Material \_\_\_\_\_

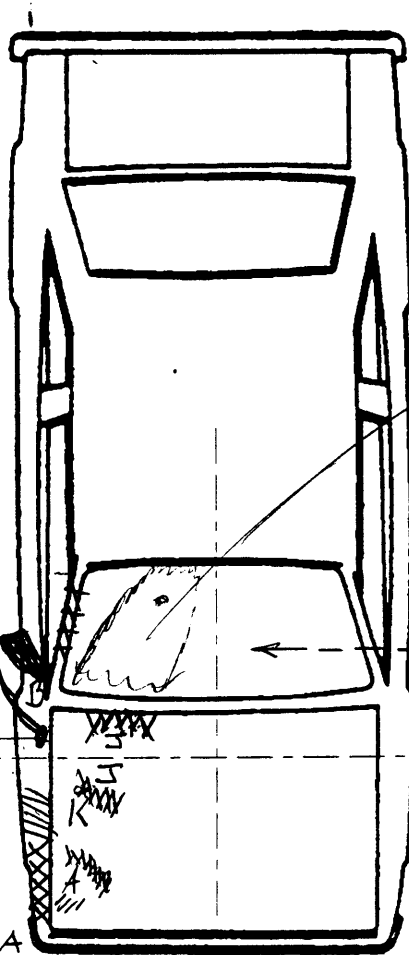
**VERTICAL MEASUREMENTS**

PEV16 Front Bumper-Bottom Height \_\_\_\_\_ cm  
PEV17 Front Bumper-Top Height \_\_\_\_\_ cm  
PEV18 Forward Hood Opening \_\_\_\_\_ cm  
PEV19 Front Bumper Lead \_\_\_\_\_ cm

**WRAP DISTANCES**

PEV20 Ground to Forward Hood Opening \_\_\_\_\_ cm  
PEV21 Ground to Front/Top Transition Point \_\_\_\_\_ cm  
PEV22 Ground to Rear Hood Opening \_\_\_\_\_ cm  
PEV23 Ground to Base of Windshield \_\_\_\_\_ cm  
PEV24 Ground to Top of Windshield \_\_\_\_\_ cm  
PEV25 Ground to Head Contact \_\_\_\_\_ cm

VEHICLE DAMAGE SKETCH

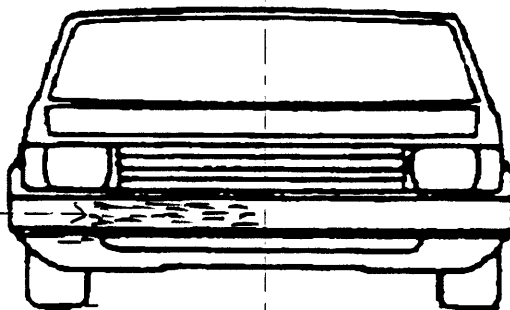


Body of Ped

\* photos of windshield included with case (on scene)

WINDSHIELD Had Been Removed Prior To Inspection

Ped. Impact Radio Antenna Bent



Previous damage TO FRONT bumper NOT THIS ACCIDENT

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: 173 cm

## PEDESTRIAN SIDE CONTACT WORK SHEET

PEV06 Hood Material Steel

PEV08 Hood Length 146 cm ✓

PEV09 Hood Width-Forward Opening 097 cm ✓

PEV10 Hood Width-Midway 156 cm ✓

PEV11 Hood Width-Rear Opening 161 cm ✓

## VERTICAL MEASUREMENTS

PEV26 Ground Clearance 018 cm ✓

PEV27 Side Bumper-Bottom Height 023 cm ✓

PEV28 Side Bumper-Top Height 031 cm ✓

PEV29 Centerline of Wheel 034 cm ✓

PEV30 Top of Tire 065 cm ✓

PEV31 Top of Wheel Well Opening 067 cm ✓

PEV32 Bottom of A-Pillar at Windshield 083 cm ✓

PEV33 Top of A-Pillar at Windshield 122 cm ✓

PEV34 Top of Side View Mirror 096 cm ✓

## LATERAL MEASUREMENTS

PEV35 C<sub>L</sub> to A-Pillar at Bottom of Windshield 085 cm ✓

PEV36 C<sub>L</sub> to A-Pillar at Top of Windshield 069 096 cm ✓

PEV37 C<sub>L</sub> to Maximum Side View Mirror Protrusion 101 cm ✓

## WRAP DISTANCES

PEV38 Ground to Side/Top Transition 083 cm ✓

PEV39 Ground to Hood Edge 089 084 cm ✓

PEV40 Ground to Centerline of Hood (ORIGIN) 168 164 cm ✓

PEV41 Ground to Head Contact 104 ? cm ✓

# ORIGINAL SPECIFICATIONS

Wheelbase	101.0	<u>101.2</u>	inches	x 2.54	=	<u>257</u>	cm ✓
Overall Length	195.1	<u>188.2</u>	inches	x 2.54	=	<del>478</del>	cm 496
Maximum Width		<u>072.4</u>	inches	x 2.54	=	<u>184</u>	cm ✓
Curb Weight	<del>3121 lbs</del>	<u>32164</u>	pounds	x .4536	=	<del>1459</del>	kg 1460
+V-8 Engine	<del>+45 Kgs</del>						
Average Track	<del>61.15</del>	<u>N/A</u>	inches	x 2.54	=	<u>N/A</u>	cm 155
Front Overhang		<u>047.0</u>	inches	x 2.54	=	<u>119</u>	cm
Rear Overhang		<u>043.7</u>	inches	x 2.54	=	<u>111</u>	cm
Undeformed End Width		<u>N/A</u>	inches	x 2.54	=	<u>N/A</u>	cm
Engine Size: cyl./displ.		<u>2500</u>	cc	x .001	=	<u>V-8 5.8</u>	L
		<u>N/A</u>	CID	x .0164	=	<u>N/A</u>	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

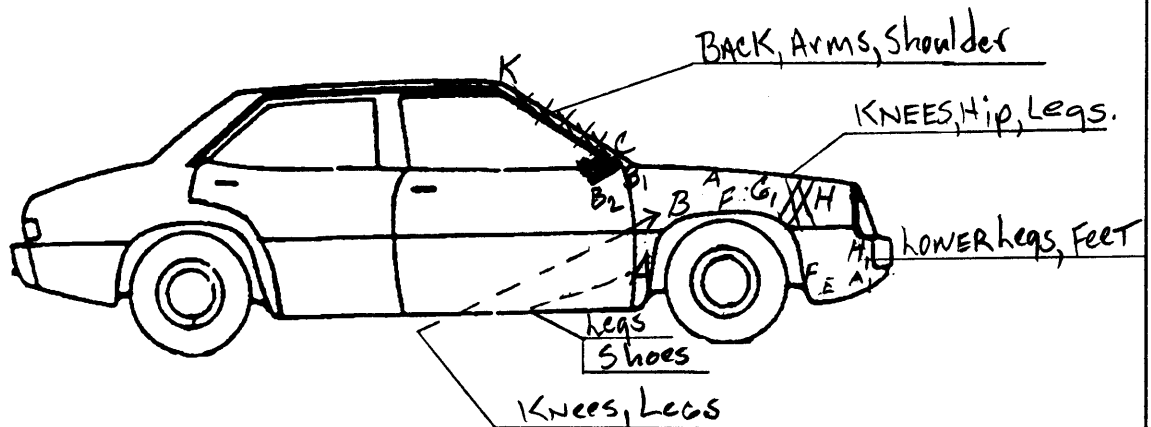
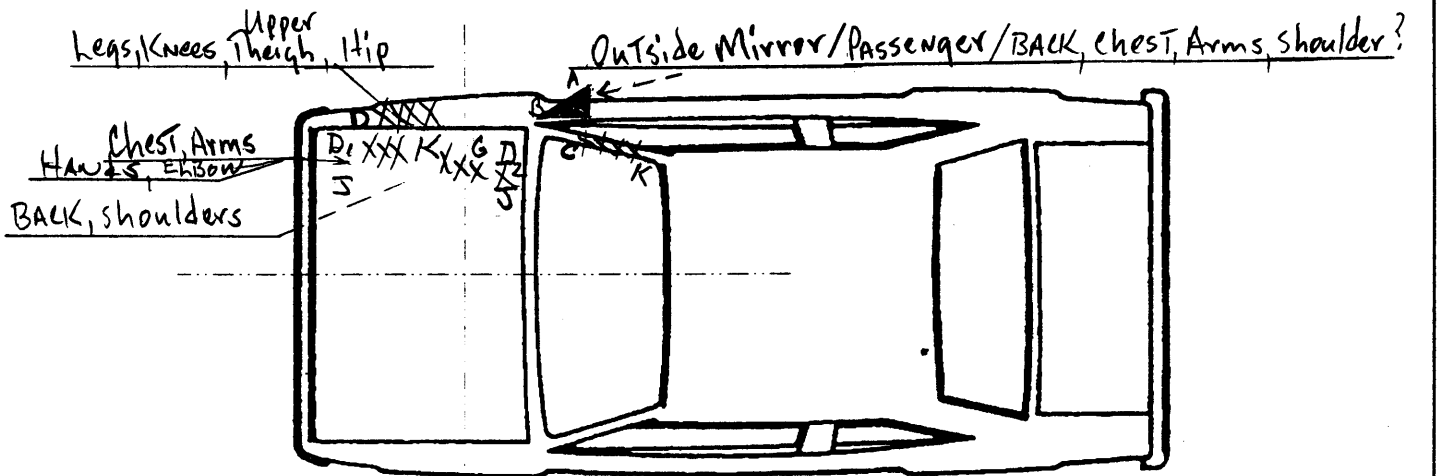
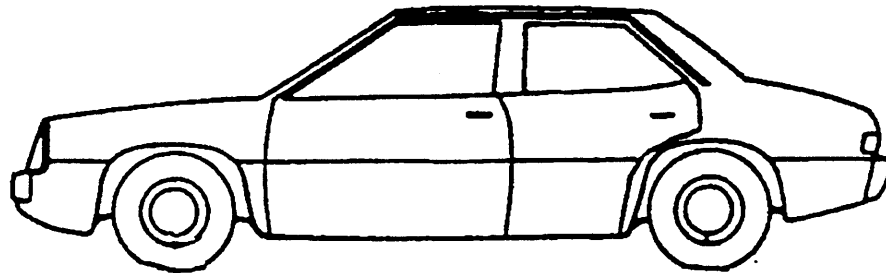
- 820 Air scoop, deflector
- 821 Cellular or CB radio antenna
- 822 Emergency lights or bar
- 823 Fog lights
- 824 Luggage, ski, or bike rack
- 825 Cargo (specify): \_\_\_\_\_
- 826 Spare tire
- 827 Spotlight
- 828 Other accessory (specify): \_\_\_\_\_

### 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

1415 Kgs  
 +45 Kgs  
 total cw 1460

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: 173 cm







## VEHICLE DIMENSIONS

4. Original Wheelbase 257  
 \_\_\_\_\_ Code to the  
 nearest centimeter  
 (999) Unknown

$$\underline{101.1} \text{ inches} \times 2.54 = \underline{257} \text{ centimeters}$$

5. Original Average Track Width 155  
 \_\_\_\_\_ Code to the  
 nearest centimeter  
 (185) 185 centimeters or more  
 (999) Unknown

$$\underline{61.5} \text{ inches} \times 2.54 = \underline{155} \text{ centimeters}$$

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 146  
 \_\_\_\_\_ Code to the  
 nearest centimeter  
 (180) 180 centimeters or more  
 (999) Unknown

$$\underline{057.4} \text{ inches} \times 2.54 = \underline{146} \text{ centimeter}$$

9. Hood Width Forward Opening 097  
 \_\_\_\_\_ Code to the  
 nearest centimeter  
 (210) 210 centimeters or more  
 (999) Unknown

$$\underline{038.1} \text{ inches} \times 2.54 = \underline{097} \text{ centimeters}$$

10. Hood Width Midway 156  
 \_\_\_\_\_ Code to the  
 nearest centimeter  
 (210) 210 centimeters or more  
 (999) Unknown

$$\underline{061.4} \text{ inches} \times 2.54 = \underline{156} \text{ centimeters}$$

11. Hood Width Rear Opening 162  
 \_\_\_\_\_ Code to the  
 nearest centimeter  
 (210) 210 centimeters or more  
 (999) Unknown

$$\underline{063.8} \text{ inches} \times 2.54 = \underline{162} \text{ centimeters}$$

12. Hood/Fender Vertical/Lateral Crush From Pedestrian 3  
 (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 2  
 (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 0  
 (0) No front contact  
 (1) Plastic  
 (2) Fiberglass  
 (3) Rubber  
 (4) Other (specify): \_\_\_\_\_  
 (9) Unknown

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

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

$$\underline{000.0} \text{ inches} \times 2.54 = \underline{000} \text{ centimeters}$$

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

000.0 inches X 2.54 = \_\_\_\_\_ centimeters

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

000.0 inches X 2.54 = 000 centimeters

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

000.0 inches X 2.54 = 000 centimeters

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

000. inches X 2.54 = 000 centimeters

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

000.0 inches X 2.54 = 000 centimeters

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

000.0 inches X 2.54 = 000 centimeters

**Front Wrap Distance Measurements**

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

000.0 inches X 2.54 = 000 centimeters

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

000.0 inches X 2.54 = 000 centimeters

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

000.0 inches X 2.54 = 000 centimeters

**SIDE CONTACT DAMAGE**

**Side Vertical Measurements**

26. Ground Clearance 018  
 \_\_\_\_\_ Code to the nearest centimeter  
 (000) No side contact  
 (150) 150 centimeters or more  
 (999) Unknown

007.0 inches X 2.54 = 018 centimeters

27. Side Bumper-Bottom Height 023  
 \_\_\_\_\_ Code to the nearest centimeter  
 (000) No side contact  
 (150) 150 centimeters or more  
 (999) Unknown

009.0 inches X 2.54 = 023 centimeters

28. Side Bumper-Top Height 031  
 \_\_\_\_\_ Code to the nearest centimeter  
 (000) No side contact  
 (150) 150 centimeters or more  
 (999) Unknown

012.2 inches X 2.54 = 031 centimeters

<p>29. Centerline of Wheel <u>034</u>  Code to the nearest centimeter  (000) No side contact  (150) 150 centimeters or more  (999) Unknown  <u>013.3</u> inches X 2.54 = <u>034</u> centimeters</p> <p>30. Top of Tire <u>065</u>  Code to the nearest centimeter  (000) No side contact  (200) 200 centimeters or more  (999) Unknown  <u>25.5</u> inches X 2.54 = <u>065</u> centimeters</p> <p>31. Top of Wheel Well Opening <u>067</u>  Code to the nearest centimeter  (000) No side contact  (250) 250 centimeters or more  (999) Unknown  <u>026.3</u> inches X 2.54 = <u>067</u> centimeters</p> <p>32. Bottom of A-Pillar at Windshield <u>083</u>  Code to the nearest centimeter  (000) No side contact  (250) 250 centimeters or more  (999) Unknown  <u>032.6</u> inches X 2.54 = <u>083</u> centimeters</p> <p>33. Top of A-Pillar at Windshield <u>122</u>  Code to the nearest centimeter  (000) No side contact  (300) 300 centimeters or more  (999) Unknown  <u>048.0</u> inches X 2.54 = <u>122</u> centimeters</p> <p>34. Top of Side View Mirror <u>096</u>  Code to the nearest centimeter  (000) No side contact  (300) 300 centimeters or more  (999) Unknown  <u>37.7</u> inches X 2.54 = <u>096</u> centimeters</p>	<p style="text-align: center;"><b>Side Lateral Measurements</b></p> <p>35. Centerline to A-Pillar at Bottom of Windshield <u>085</u>  Code to the nearest centimeter  (000) No side contact  (250) 250 centimeters or more  (999) Unknown  <u>033.4</u> inches X 2.54 = <u>085</u> centimeters</p> <p>36. Centerline to A-Pillar at Top of Windshield <del>096</del>  Code to the nearest centimeter  (000) No side contact  (250) 250 centimeters or more  (999) Unknown  <u>037.7</u> inches X 2.54 = <u>096</u> centimeter</p> <p>37. Centerline to Maximum Side View Mirror Protrusion <del>104</del>  Code to the nearest centimeter  (000) No side contact  (300) 300 centimeters or more  (999) Unknown  <u>040.9</u> inches X 2.54 = <u>104</u> centimeter</p>
<b>Side Wrap Distance Measurements</b>	
	<p>38. Ground to Side/Top Transition <del>087</del>  Code to the nearest centimeter  (000) No side contact  (400) 400 centimeters or more  (999) Unknown  <u>034.2</u> inches X 2.54 = <u>087</u> centimeters</p> <p>39. Ground to Hood Edge <u>089</u>  Code to the nearest centimeter  (000) No side contact  (500) 500 centimeters or more  (999) Unknown  <u>035.0</u> inches X 2.54 = <u>089</u> centimeters</p>

40. Ground to Centerline of Hood

~~176~~

Code to the nearest centimeter

168

- (000) No side contact
- (700) 700 centimeters or more
- (999) Unknown

069.2 inches X 2.54 = 176 centimeters

41. Ground to Head Contact

~~999~~

Code to the nearest centimeter

110

- (000) No side contact
- (800) 800 centimeters or more
- (998) No head contact
- (999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

Windshield had been removed prior to my inspection. ~~###~~ police photos



# PEDESTRIAN INTERVIEW FORM

1. Primary Sampling Unit Number   90    
 2. Case Number - Stratum   608P    
 3. Pedestrian Number   01  

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

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

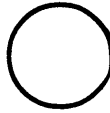
If the pedestrian was not the person interviewed, was an appointment made for a follow-up interview?

### PEDESTRIAN'S DESCRIPTION OF ACCIDENT EVENTS

pedestrian was transported by EMS, died upon arrival AT Hospital from serious head and internal injuries. Arrival time AT Hospital 16:43 hrs - pronounced deceased @ 16:48 hrs

### 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

90  
608P  
1995

# PEDESTRIAN INTERVIEW FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

ENTIRE FORM

PAGE NUMBER (S) 2

1. Primary Sampling Unit Number

90

3. Pedestrian Number

01

2. Case Number - Stratum

608P

## 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

(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 90

3. Pedestrian Number 01

2. Case Number - Stratum 600P

**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
- 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?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Height, Weight, Age, and Sex?

Height \_\_\_\_\_  
 Weight \_\_\_\_\_  
 Age \_\_\_\_\_

Sex:

- Male
- Female

17. What kind of shoes were you wearing?

\_\_\_\_\_

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

19. Type/Color of clothing worn?

\_\_\_\_\_  
 \_\_\_\_\_

20. Was an object carried or worn?

(specify): \_\_\_\_\_

**Go to Pedestrian Injury Data questions**

1. Primary Sampling Unit Number

90

3. Pedestrian Number

01

2. Case Number - Stratum

608P

## 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

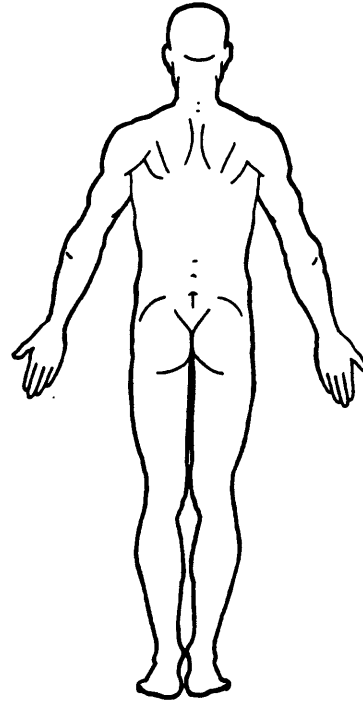
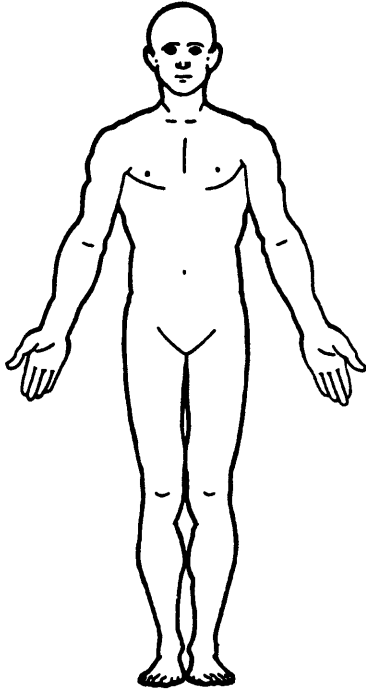
PSU Number 90 Case Number—Stratum 6 08 P Pedestrian Number 0 1

**PEDESTRIAN INJURY DATA FROM INTERVIEWEE(S)**

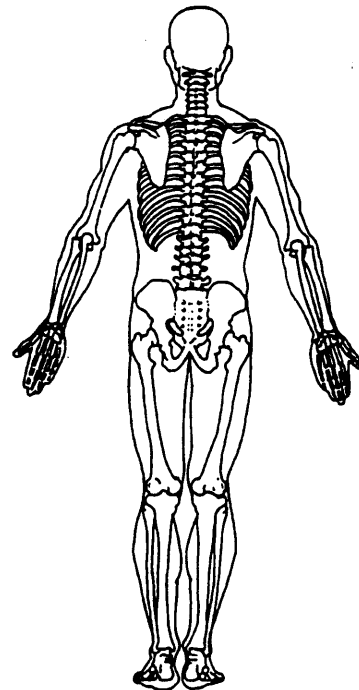
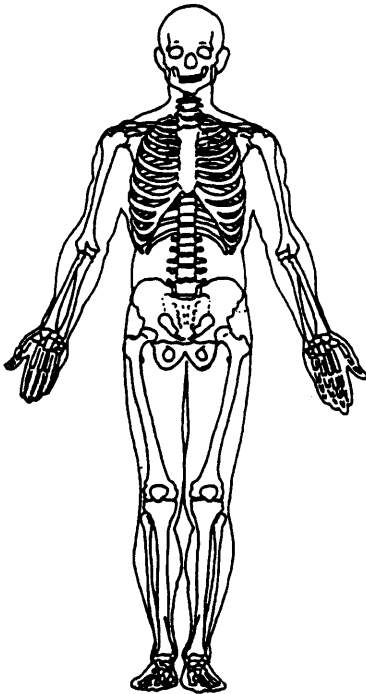
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_

**SOFT TISSUE/INTERNAL INJURIES**



**SKELETAL INJURIES**





Rolled off to the right side of vehicle. Pedestrian was lying in the roadway approximately 50 feet south of the bus.

The vehicle that struck the pedestrian drove 30' to 50' feet past my vehicle, where it finally came to a stop.

# 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



PSU NUMBER  
CASE NUMBER  
YEAR

90  
608P  
1995

# PEDESTRIAN INTERVIEW FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

ENTIRE FORM

PAGE NUMBER (S) 2

1. Primary Sampling Unit Number 90 3. Pedestrian Number 01  
 2. Case Number - Stratum 608P

### 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 (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  
 50-60  
 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 90  
2. Case Number - Stratum 628 P

3. Pedestrian Number 01

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
  - 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?

fell onto vehicle's hood then into windshield, WENT INTO THE AIR ABOUT 50 FEET.

- 16. Height, Weight, Age, and Sex?

Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Age \_\_\_\_\_

UNK.

Sex:

- Male
- Female

- 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

- 19. Type/Color of clothing worn?

\_\_\_\_\_  
\_\_\_\_\_

- 20. Was an object carried or worn?

(specify): \_\_\_\_\_

Go to Pedestrian Injury Data questions

1. Primary Sampling Unit Number

90

3. Pedestrian Number

01

2. Case Number - Stratum

608 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.)
- \_\_\_\_\_
- \_\_\_\_\_

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:) \_\_\_\_\_

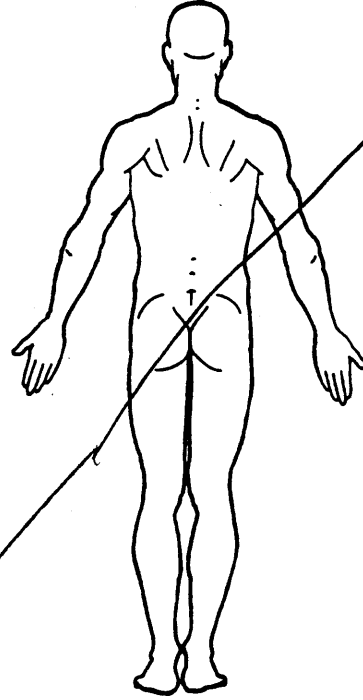
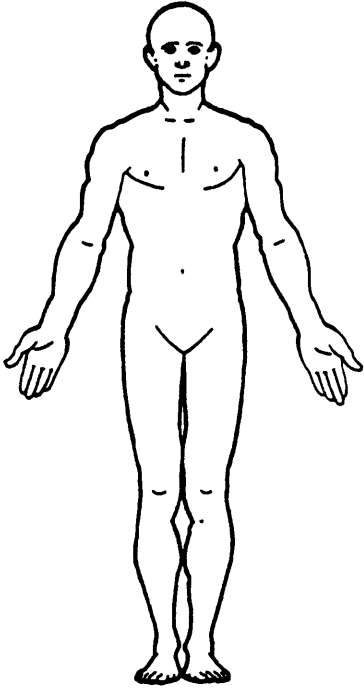
 Not working prior to the accident Unknown

PSU Number 90 Case Number-Stratum 608 P Pedestrian Number 01

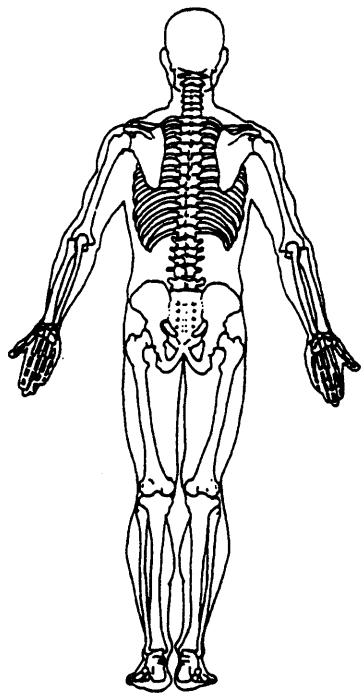
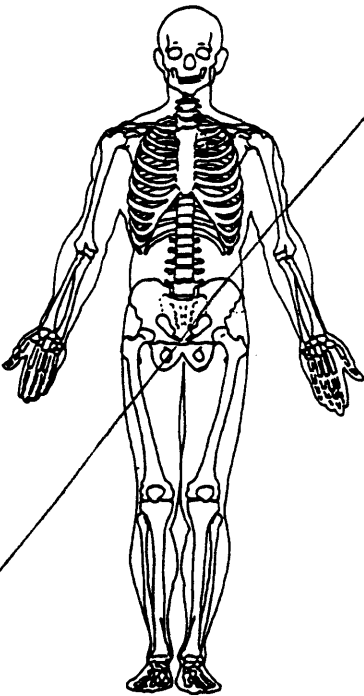
**PEDESTRIAN INJURY DATA FROM INTERVIEWEE(S)**

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

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES





### DRIVER INTERVIEW FORM

1. Primary Sampling Unit Number	<u>90</u>	Interviewee(s) Role or Name(s): <u>[REDACTED]-95</u> <u>Driver Refused Interview</u> <u>AT his home.</u>
2. Case Number - Stratum	<u>608 P</u>	
3. Vehicle Number	<u>01</u>	

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

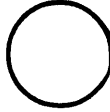
If the driver was not the person interviewed, was an appointment made for a follow-up interview?

#### DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

Attempt to Interview Driver was  
UNsuccessful on [REDACTED]-95 AT his home.  
NHTSA'S CARD + PHAMPLET WAS GIVEN  
TO Driver, Front door WAS CLOSED.  
NO further ATTEMPT WAS MADE.  
FATHER Refused TO LET me interview  
driver.

#### OCCUPANT'S 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.

1. Primary Sampling Unit Number

90

3. Vehicle Number

0 1

2. Case Number - Stratum

608P

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?

\_\_\_\_\_

\_\_\_\_\_

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

N  
W . E  
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): \_\_\_\_\_

1. Primary Sampling Unit Number 90

3. Vehicle Number 0 1

2. Case Number - Stratum 608 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

90

3. Vehicle Number

0 1

2. Case Number - Stratum

608P

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
- 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
- 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?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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



