



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number _____	3. Vehicle Number _____
2. Case Number - Stratum _____	4. Occupant Number _____

OCCUPANT INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90											
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Injury Intrusion Related 1- Yes 2-No 3-Unknown
1 st	5.____	6.____	7.____	8.____	9.____	10.____	11.____	12.____	13.____	14.____	15.____
2 nd	16.____	17.____	18.____	19.____	20.____	21.____	22.____	23.____	24.____	25.____	26.____
3 rd	27.____	28.____	29.____	30.____	31.____	32.____	33.____	34.____	35.____	36.____	37.____
4 th	38.____	39.____	40.____	41.____	42.____	43.____	44.____	45.____	46.____	47.____	48.____
5 th	49.____	50.____	51.____	52.____	53.____	54.____	55.____	56.____	57.____	58.____	59.____
6 th	60.____	61.____	62.____	63.____	64.____	65.____	66.____	67.____	68.____	69.____	70.____
7 th	71.____	72.____	73.____	74.____	75.____	76.____	77.____	78.____	79.____	80.____	81.____
8 th	82.____	83.____	84.____	85.____	86.____	87.____	88.____	89.____	90.____	91.____	92.____
9 th	93.____	94.____	95.____	96.____	97.____	98.____	99.____	100.____	101.____	102.____	103.____
10 th	104.____	105.____	106.____	107.____	108.____	109.____	110.____	111.____	112.____	113.____	114.____

