



1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum \_\_\_\_\_

3. Vehicle Number \_\_\_\_\_

4. Occupant Number \_\_\_\_\_

**OCCUPANT'S CHARACTERISTICS**

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

6. Occupant's Sex \_\_\_\_\_  
(1) Male  
(2) Female - not reported pregnant  
(3) Female - pregnant - 1<sup>st</sup> trimester (1<sup>st</sup>-3<sup>rd</sup> month)  
(4) Female - pregnant 2<sup>nd</sup> trimester (4<sup>th</sup>-6<sup>th</sup> month)  
(5) Female - pregnant - 3<sup>rd</sup> trimester (7<sup>th</sup>-9<sup>th</sup> month)  
(6) Female - pregnant term unknown  
(9) Unknown

7. Occupant's Height \_\_\_\_\_  
Code actual height to the nearest centimeter.  
(999) Unknown  
\_\_\_\_\_ inches x 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight \_\_\_\_\_  
Code actual weight to the nearest kilogram.  
(999) Unknown  
\_\_\_\_\_ pounds x .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role \_\_\_\_\_  
(1) Driver  
(2) Passenger  
(9) Unknown

**OCCUPANT'S SEATING**

10. Occupant's Seat Position \_\_\_\_\_  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant

*Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant

*Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant

*Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant  
  
(96) In sleeper berth  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown

11. Occupant's Posture \_\_\_\_\_  
(0) Normal posture

*Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat/sleeper mattress  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture  
(specify): \_\_\_\_\_  
(9) Unknown

**EJECTION/ENTRAPMENT**

- |  |  |
|--|--|
| <p>12. Ejection _____</p> <p>(0) No ejection</p> <p>(1) Complete ejection</p> <p>(2) Partial ejection</p> <p>(3) Ejection, unknown degree</p> <p>(9) Unknown</p>   | <p>15. Medium Status (Immediately Prior To Impact) _____</p> <p>(0) No ejection</p> <p>(1) Open</p> <p>(2) Closed</p> <p>(3) Integral structure</p> <p>(9) Unknown</p>   |
| <p>13. Ejection Area _____</p> <p>(0) No ejection</p> <p>(1) Windshield</p> <p>(2) Left front</p> <p>(3) Right front</p> <p>(4) Left rear</p> <p>(5) Right rear</p> <p>(6) Rear</p> <p>(7) Roof</p> <p>(8) Other area (e.g., back of pickup, etc.)<br/>(specify): _____</p> <p>(9) Unknown</p>     | <p>16. Entrapment _____</p> <p>(0) Not entrapped/exit not inhibited</p> <p>(1) Entrapped/pinned - mechanically restrained</p> <p>(2) Could not exit vehicle due to jammed doors, fire, etc.<br/>(specify): _____</p> <p>_____</p> <p>(9) Unknown</p>   |
| <p>14. Ejection Medium _____</p> <p>(0) No ejection</p> <p>(1) Door/hatch//tailgate</p> <p>(2) Nonfixed roof structure</p> <p>(3) Fixed glazing</p> <p>(4) Nonfixed glazing<br/>(specify): _____</p> <p>(5) Integral structure</p> <p>(8) Other medium<br/>(specify): _____</p> <p>(9) Unknown</p> | <p>17. Occupant Mobility _____</p> <p>(0) Occupant fatal before removed from vehicle</p> <p>(1) Removed from vehicle while unconscious or not oriented to time or place</p> <p>(2) Removed from vehicle due to perceived serious injuries</p> <p>(3) Exited vehicle with some assistance</p> <p>(4) Exited vehicle under own power</p> <p>(5) Occupant fully ejected</p> <p>(8) Removed from vehicle for other reasons<br/>(specify): _____</p> <p>(9) Unknown</p> |

**BELT SYSTEM FUNCTION**

<p>18. Manual (Active Belt System Availability) _____</p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available - type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment _____</p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(6) Lap belt worn on abdomen</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active Belt System Use) _____</p> <p>(00) Not used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used - type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat - type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p>	<p>23. Automatic (Passive) Belt System Availability/Function _____</p> <p>(0) Not equipped/not available</p> <p>(1) 2-point automatic belts</p> <p>(2) 3-point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts _____</p> <p>(0) None used or available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p>	<p>24. Automatic (Passive) Belt System Use _____</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(9) Unknown</p>
<p>21. Manual (Active Belt Failure Modes During Crashes) _____</p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latch plate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	<p>25. Automatic (Passive) Belt System Type _____</p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System _____</p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p> <p>27. Automatic (Passive) Belt Failure Modes During Crash _____</p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failures</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latch plate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>

**POLICE REPORTED RESTRAINT USE**

**AIR BAG SYSTEM FUNCTION**

28. Police Reported Belt Use \_\_\_\_\_
- (0) None used
  - (1) Police did not indicate belt use
  - (2) Shoulder belt
  - (3) Lap belt
  - (4) Lap and shoulder belt
  - (5) Belt used, type not specified
  - (6) Child safety seat
  - (7) Automatic belt
  - (8) Other type belt, (specify): \_\_\_\_\_
  - (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function \_\_\_\_\_
- (0) No air bag available
  - (1) Police did not indicate air bag
  - (2) Deployed
  - (3) Not deployed
  - (4) Unknown if deployed
  - (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- Vehicle inspection
  - Official injury data
  - Driver/occupant interview
  - Other (specify): \_\_\_\_\_
  - Unknown if belt used
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

30. Frontal Air Bag System Availability/Function \_\_\_\_\_  
(This Occupant Position)
- (0) Not equipped/not available
  - (1) Air bag

- Non-functional*
- (2) Air bag disconnected (specify): \_\_\_\_\_
  - (3) Air bag not reinstalled
  - (9) Unknown

31. Frontal Air Bag System Deployment \_\_\_\_\_  
(This Occupant Position)
- (0) Not equipped/not available
  - (1) Deployed during crash (as a result of impact)
  - (2) Deployed inadvertently just prior to crash
  - (3) Deployed, details unknown
  - (4) Deployed as a result of a noncollision event during crash sequence (e.g., fire, explosion, electrical)
  - (5) Unknown if deployed
  - (7) Non-deployed
  - (9) Unknown

32. Other Than First Seat Frontal Air Bag \_\_\_\_\_  
Availability/Function  
(This Occupant Position)
- (0) Not equipped/not available
  - (1) Air bag

- Non-functional*
- (2) Air bag disconnected (specify): \_\_\_\_\_
  - (3) Air bag not installed
  - (9) Unknown
- Specify type of "other" air bag present:*
- \_\_\_\_\_

33. Air Bag(s) Deployment, Other Than First \_\_\_\_\_  
Seat Frontal (This Occupant Position)
- (0) Not equipped with an "other" air bag
  - (1) Deployed during crash (as a result of impact)
  - (2) Deployed inadvertently just prior to crash
  - (3) Deployed, details unknown
  - (4) Deployed as a result of a noncollision event during crash sequence (e.g., fire, explosion, electrical)
  - (5) Unknown if deployed
  - (7) Non-deployed
  - (9) Unknown

34. Are There Indications of Air Bag System Failure? \_\_\_\_\_  
(This Occupant Position)
- (0) Not equipped/not available
  - (1) No
  - (2) Yes (specify): \_\_\_\_\_

**INJURY CONSEQUENCES**

35. Injury Severity (Police Rating) \_\_\_\_\_
- (0) O - No injury
  - (1) C - Possible injury
  - (2) B - Non-incapacitating injury
  - (3) A - Incapacitating injury
  - (4) K - Killed
  - (5) U - Injury, severity unknown
  - (6) Died prior to crash
  - (9) Unknown

36. Treatment - Mortality \_\_\_\_\_
- (0) No treatment
  - (1) Fatal
  - (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - non-transported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

37. 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

38. Hospital Stay \_\_\_\_\_
- (00) Not Hospitalized  
Code the number of days (up through 60)  
that the occupant stayed in hospital
  - (61) 61 days or more
  - (99) Unknown

39. Working Days Lost \_\_\_\_\_
- Code the number of days (up through 60)  
that the occupant lost from work due to the crash
  - (00) No working days lost
  - (61) 61 days or more
  - (97) Not working prior to crash
  - (99) Unknown

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

40. Time To Death \_\_\_\_\_  
 \_\_\_\_\_ Code the number of hours from time of crash to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days = 32, ...n days = 30 + n up through 30 days = 60  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
41. 1<sup>st</sup> Medically Reported Cause of Death \_\_\_\_\_
42. 2<sup>nd</sup> Medically Reported Cause of Death \_\_\_\_\_
43. 3<sup>rd</sup> Medically Reported Cause of Death \_\_\_\_\_  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant'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
44. Number of Recorded Injuries For This Occupant \_\_\_\_\_  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured
45. Highest AIS Severity Level Sustained \_\_\_\_\_  
 (0) Not injured  
 (1) AIS - 1  
 (2) AIS - 2  
 (3) AIS - 3  
 (4) AIS - 4  
 (5) AIS - 5  
 (6) AIS - 6  
 (7) AIS - 7  
 (9) Unknown

**TRAUMA DATA**

46. Glasgow Coma Scale (GCS) Score \_\_\_\_\_  
 (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
47. Was the Occupant Given Blood? \_\_\_\_\_  
 (1) No - blood not given  
 (2) Yes - blood given (specify units):  
 \_\_\_\_\_  
 (9) Unknown if blood given
48. Arterial Blood Gases (ABG) - HC<sub>3</sub> \_\_\_\_\_  
 (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

**BELT USE DETERMINATION**

49. Primary Source of Belt Use Determination \_\_\_\_\_  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (4) Police accident report  
 (8) Other ( specify):  
 \_\_\_\_\_  
 (9) Unknown if belt used