



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

Dear Crash Data Researchers/Users:

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

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

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

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



PEDESTRIAN CASE SUMMARY

PSU 82 CASE NO. 602 P TYPE OF ACCIDENT PICKUP TRUCK/PED/CROSSING ROAD STRAIGHT

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 west on the roadway and Pedestrian #1 was one of 3 pedestrians crossing the roadway in a northerly direction. The front of Vehicle #1 contacted Pedestrian #1 on his right side after already having impacted the 2 other pedestrians. Pedestrian #1 rotated onto the hood of the vehicle and was launched 22 meters west of his point of impact, where he came to rest in the roadway. The vehicle came to rest facing west in the intersection.

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	33	M	hospitalized	Spine	Skeletal	4	Ground

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

C. VEHICLE PROFILE

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection	
			Damage Plane	Damage Description
01	Pickup Truck	92/Chevrolet/1500	front	minor

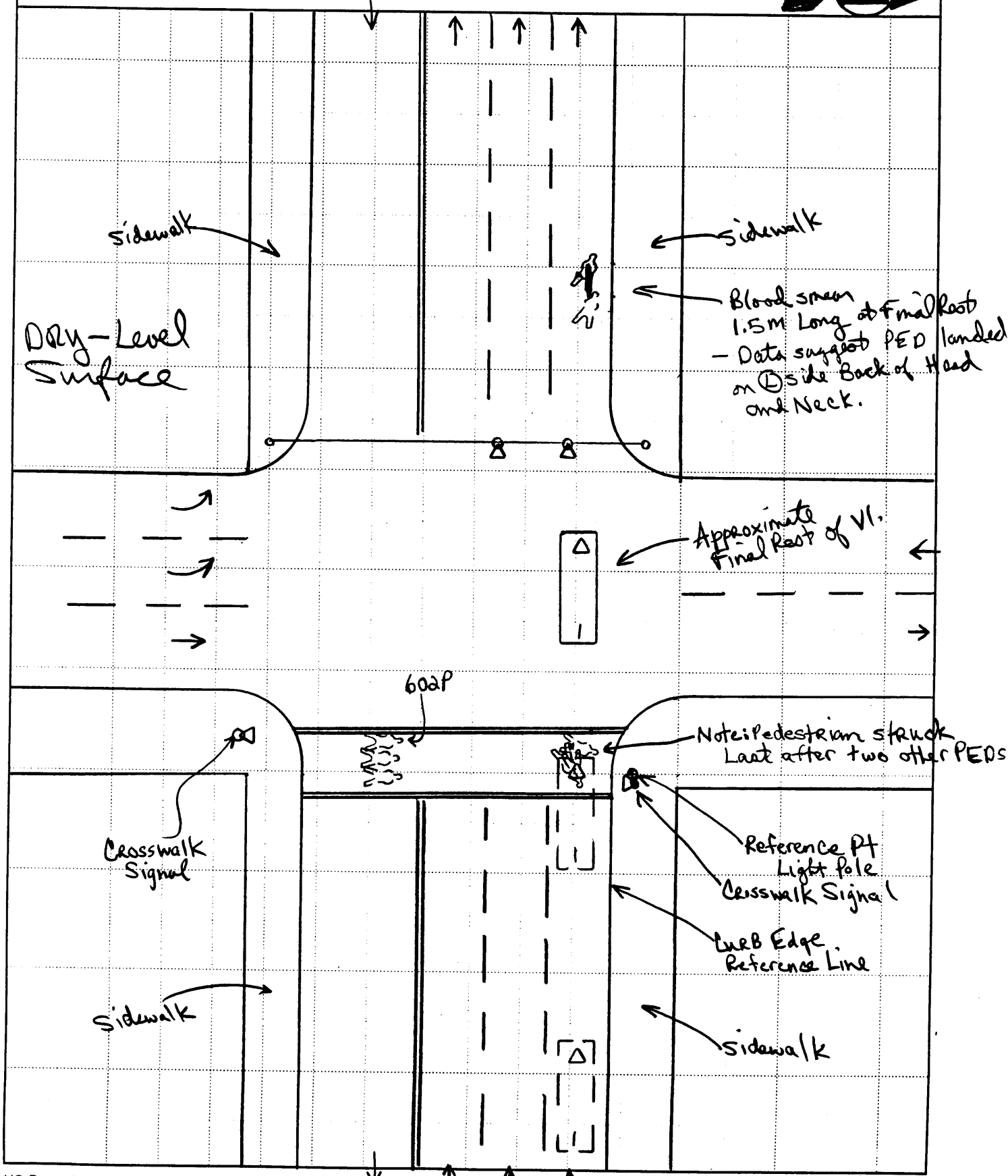
DO NOT SANITIZE THIS FORM



ACCIDENT COLLISION DIAGRAM

PSU No. 82

Case Number—Stratum 602P



Dry-Level Surface

Blood smears
1.5m Long at Final Rest
- Data suggest PED landed on Side Back of Head and Neck.

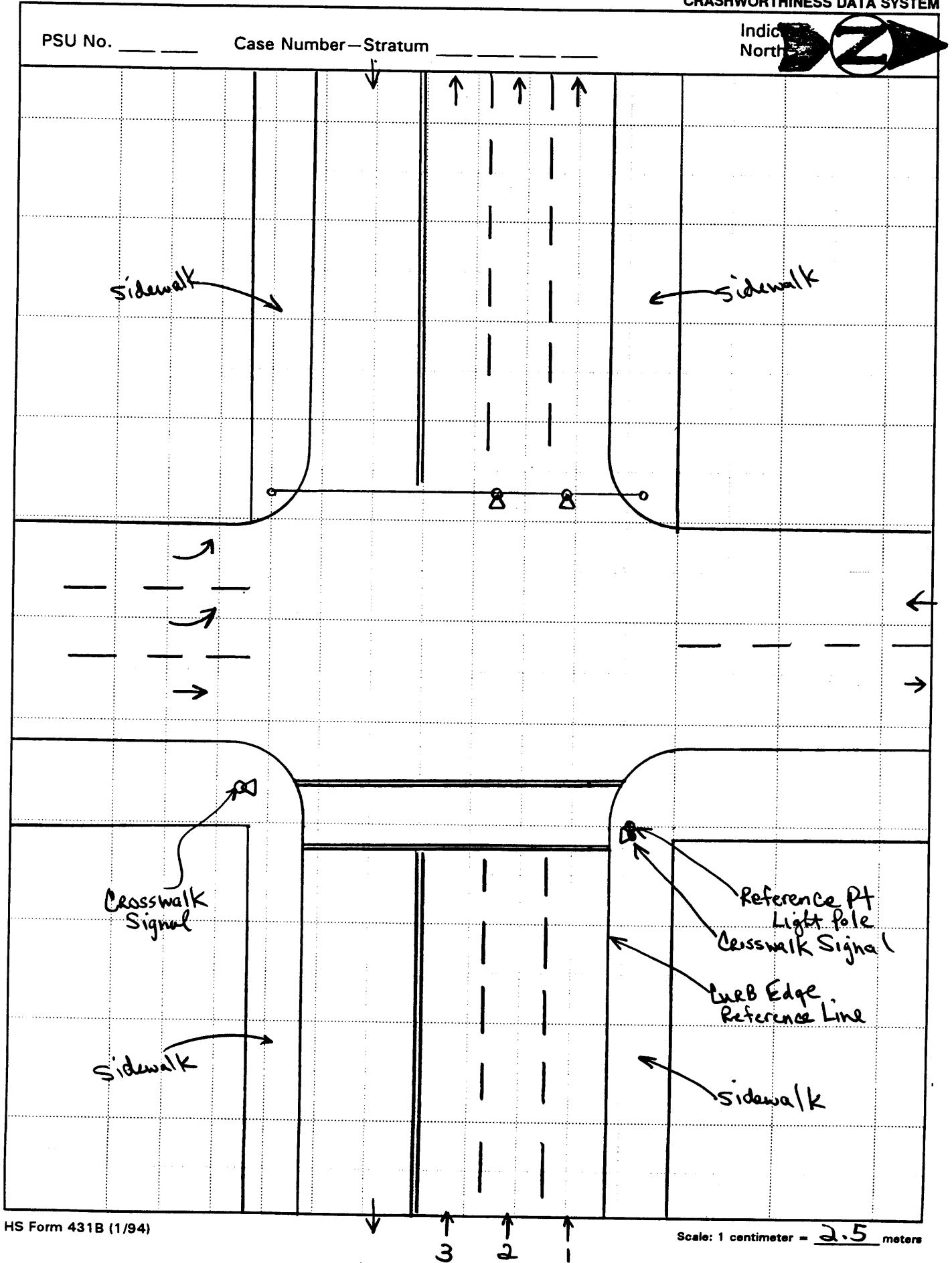
Approximate Final Rest of V1.

Note: Pedestrian struck Last after two other PEDS

3 2 1



ACCIDENT COLLISION DIAGRAM





PEDESTRIAN ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number <u>82</u>		Case Number—Stratum <u>602 P</u>	
PEDESTRIAN ACCIDENT COLLISION DATA COLLECTION			
<ul style="list-style-type: none"> * document reference point and reference line relative to physical features * documentation of all accident induced physical evidence including (if applicable): <ul style="list-style-type: none"> a) vehicle skid marks b) pedestrian contacts with ground or object c) vehicle/pedestrian point of impact (POI) d) location of pedestrian separation point from vehicle f) final resting points (FRP) for pedestrian and vehicle * documentation of the physical plant including: <ul style="list-style-type: none"> a) all road/roadway delineation (e.g., crosswalks, curbs/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.) b) all traffic controls (e.g., lights, signs) 	<p style="text-align: center;"><u>POI / Final Rest</u></p> <p>Surface Type: <u>Bituminous / Concrete</u></p> <p>Surface Condition: <u>DRY</u></p> <p style="text-align: center;"><u>POI / Final Rest</u></p> <p>Coefficient of Friction: <u>.80 / .80</u></p> <p>Grade (v/h) Measurement:</p> <p style="padding-left: 20px;">a) at impact: <u>Level</u></p> <p style="padding-left: 20px;">b) between impact and final rest: <u>Level</u></p> <p>Pedestrian Travel Direction: <u>North</u></p> <p>Vehicle Travel Direction: <u>West</u></p> <p>Number of Travel Lanes: <u>4</u></p>	<p style="text-align: center;">SCALED DIAGRAM</p> <p>north arrow placed on diagram</p> <p>grade measurements for all applicable roadways.</p> <ul style="list-style-type: none"> * scaled representations of the physical plant including: <ul style="list-style-type: none"> a) all road/roadway delineation (e.g., crosswalks, curbs/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.) b) all traffic controls (e.g., lights, signs) * scaled representations of the vehicle and pedestrian at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	

Reference Point: Light Pole at North East Corner of Intersection (1.0 N of R.L.) Reference line: North Curb Edge

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Shoe scuff in area of point of Impact.	1.4 W	1.9 S
<i>(Note - 2 other peds struck unknown where scuff)</i>		
Blood Smear at Final Rest of Ped		
" " " " } Begins	23.6 W	1.3 S
" " " " } Ends	25.1 W	1.3 S
Small Blood Patch	24.7 W	1.7 S



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

PEDESTRIAN ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
PEDESTRIAN CRASH DATA STUDY

1. Primary Sampling Unit Number <u>82</u>		SPECIAL STUDIES—INDICATORS	
2. Case Number - Stratum <u>602P</u>		Check (✓) each special study (SS15-SS19 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.	
IDENTIFICATION			
3. Number of General Vehicle Forms Submitted <u>01</u>		6. <u>0</u> SS15 Administrative Use <u>0</u>	
4. Date of Accident (Month, Day, Year) <u>██████████</u> / <u>9</u> / <u>4</u>		7. <u>✓</u> SS16 Pedestrian Crash Data Study <u>1</u>	
5. Time of Accident <u>0714</u>		8. <u>0</u> SS17 Impact Fires <u>0</u>	
Code reported military time of accident.		9. <u>0</u> SS18 <u>0</u>	
NOTE: Midnight = 2400 Unknown = 9999		10. <u>0</u> SS19 <u>0</u>	
NUMBER OF EVENTS			
		11. Number of Recorded Events in This Accident <u>01</u>	

PEDESTRIAN STUDY CRITERIA

Pedestrian Definition:

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

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

Case Selection Criteria:

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

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

The pedestrian may not be lying or sitting.

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

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

PEDESTRIAN ACCIDENT EVENTS

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>15</u>	15. <u>F</u>	16. <u>72</u>	17. <u>00</u>	18. <u>0</u>

**CODES FOR
CLASS OF VEHICLE**

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

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

**CDS APPLICABLE
VEHICLES**

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

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

Collision with Nonfixed Object

- (72) Pedestrian



PEDESTRIAN ASSESSMENT FORM

1. Primary Sampling Unit Number	<u>82</u>	10. Pedestrian's Weight	<u>070</u>
2. Case Number - Stratum	<u>602P</u>	Code actual weight to the nearest kilogram.	
3. Pedestrian Number	<u>01</u>	(999) Unknown	
		<u>155</u> pounds X .4536 = <u>70</u> kilograms	

PEDESTRIAN'S CHARACTERISTICS

PEDESTRIAN'S PRE-AVOIDANCE ACTIONS:

<p>4. Pedestrian's Age <u>33</u> Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown</p> <p>5. Pedestrian's Sex <u>1</u> (1) Male (2) Female - not reported pregnant (3) Female - pregnant-1st trimester (1st-3rd month) (4) Female - pregnant-2nd trimester (4th-6th month) (5) Female - pregnant-3rd trimester (7th-9th month) (6) Female - pregnant-term unknown (9) Unknown</p> <p>6. Pedestrian's Overall Height <u>175</u> Code actual height to the nearest centimeter. (999) Unknown <u>69</u> inches X 2.54 = <u>175</u> centimeters <i>.254% of height</i> <u>050</u> 999</p> <p>7. Pedestrian's Height - Ground to Knee <u>999</u> Code to the nearest centimeter. (999) Unknown _____ inches X 2.54 = _____ centimeters <i>used .53% of height</i> <u>093</u> 999</p> <p>8. Pedestrian's Height - Ground to Hip <u>999</u> Code to the nearest centimeter. (999) Unknown _____ inches X 2.54 = _____ centimeters <i>used .818% of height</i> <u>143</u> 999</p> <p>9. Pedestrian's Height - Ground to Shoulder <u>999</u> Code to the nearest centimeter. (999) Unknown _____ inches X 2.54 = _____ centimeters</p>	<p>11. Pedestrian Attitude <u>1</u> (1) Standing (2) Crouching (3) Kneeling (4) Bending at waist (8) Other (specify): _____ (9) Unknown</p> <p>12. Pedestrian Motion <u>1</u> (0) Not moving (1) Walking slowly (2) Walking rapidly (3) Running or jogging (4) Hopping (5) Skipping (6) Jumping (7) Falling/stumbling or rising (8) Other (specify): _____ (9) Unknown</p> <p>13. Pedestrian's Action Relative to Vehicle <u>01</u> (00) Stopped (01) Crossing road, straight (02) Crossing road, diagonally (03) Moving in road, with traffic (04) Moving in road, against traffic (05) Off road, approaching road (06) Off road, going away from road (07) Off road, moving parallel (08) Off road, crossing driveway (09) Off road, moving along driveway (98) Other (specify): _____ (99) Unknown</p> <p>14. Pedestrian's Body (Chest) Orientation Relative to Striking Vehicle Prior to Avoidance Actions <u>4</u> (1) Facing vehicle (2) Facing away (3) Left side to vehicle (4) Right side to vehicle (8) Other (specify): _____ (9) Unknown</p>
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side zone center guide

PEDESTRIAN'S: AVOIDANCE ACTIONS:15. Pedestrian's First Avoidance Actions 00

- (00) No avoidance actions
- (01) Stopped
- (02) Accelerated pace
- (03) Ran away (along vehicle path)
- (04) Jumped
- (05) Turned toward vehicle
- (06) Turned away from vehicle
- (07) Dove or fell away

Used hand(s) to :

- (11) Vault corner of vehicle
- (12) Vault onto vehicle
- (13) Brace against vehicle
- (14) Crouched and braced hands against vehicle
- (98) Other (specify): _____
- (99) Unknown

PEDESTRIAN'S ORIENTATION AT IMPACT16. Pedestrian's Head Orientation at Initial Impact 2

- (1) To front
- (2) To left
- (3) To right
- (4) Up
- (5) Down
- (8) Other (specify): _____
- (9) Unknown

17. Pedestrian's Body (Chest) Orientation at Initial Impact 4

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

18. Pedestrian's Arm Orientation at Initial Impact 01

- (01) At sides
- (02) Folded across chest
- (03) Hands clasped behind back
- (04) Hands on hips
- (05) Hands in pockets

One or both arms:

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

19. Pedestrian's Leg Orientation at Initial Impact 99

- (01) Together
- (02) Apart-laterally
- (03) Apart-right leg forward
- (04) Apart-left leg forward
- (05) Apart- forward leg unknown
- (06) Left foot off the ground
- (07) Right foot off the ground
- (08) Both feet off the ground
- (98) Other (specify): _____
- (99) Unknown

20. Vehicle/Pedestrian's Interaction 05

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

OFFICIAL RECORDS

INJURY CONSEQUENCES

21. Police Reported Alcohol Presence For Pedestrian 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(9) Unknown

22. Alcohol Test Result For Pedestrian Code actual value (decimal implied before first digit—0.xx) 96
(95) Test refused
(96) None given
(97) AC (Alcohol Content) test performed, results unknown
(99) Unknown if test given

Source: PAR

23. Police Reported Other Drug Presence For Pedestrian 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(9) Unknown

24. Other Drug Specimen Test Result For Pedestrian 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
(9) Unknown

25. Injury Severity (Police Rating) 3
(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

26. Treatment - Mortality 3
(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
(8) Treatment - other (specify): _____
(9) Unknown

27. Type Of Medical Facility (for Initial Treatment) 1
(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

28. Hospital Stay 20
~~99~~
(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 Still Hospitalized

29. Working Days Lost 99
_____ 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

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

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

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

32. Arterial Blood Gases (ABG) - HCO₃ 22
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported , HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

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

34. 1st Medically Reported Cause of Death 00

35. 2nd Medically Reported Cause of Death 00

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

37. Number of Recorded Injuries for This Pedestrian 12
 _____ 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>82</u>	3. Pedestrian Number <u>01</u>
2. Case Number - Stratum <u>602P</u>	4. Blank <u>XX</u>

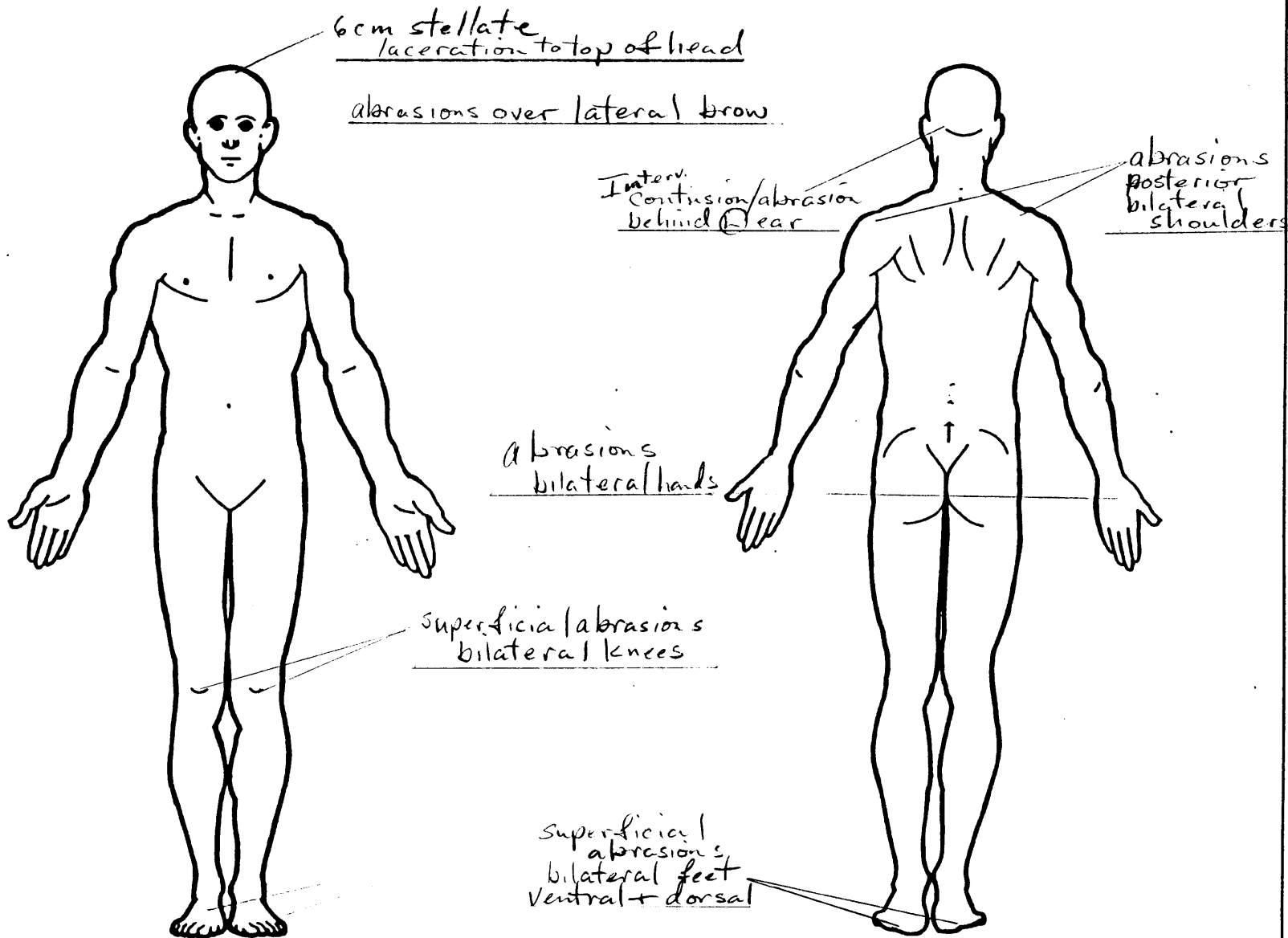
INJURY DATA

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.

	AIS-90											Injury Source Confidence Level	Direct/Indirect Injury	Striking Profile	Type Of Damage	Damage Depth
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injurv	A.I.S. Severity	Aspect	Injury Source								
1st	5. <u>2</u>	6. <u>6</u>	7. <u>4</u>	<i>fx with cord contusion</i>			8. <u>02</u>	9. <u>18</u>	10. <u>4</u>	11. <u>6</u>	12. <u>947</u>	13. <u>1</u>	14. <u>2</u>	15. <u>0</u>	16. <u>0</u>	17. <u>0</u>
2nd	18. <u>2</u>	19. <u>6</u>	20. <u>5</u>	<i>disk herniation C5,6</i>			21. <u>02</u>	22. <u>02</u>	23. <u>2</u>	24. <u>6</u>	25. <u>947</u>	26. <u>1</u>	27. <u>2</u>	28. <u>0</u>	29. <u>0</u>	30. <u>0</u>
3rd	31. <u>2</u>	32. <u>6</u>	33. <u>5</u>	<i>disk herniation C1-2</i>			34. <u>02</u>	35. <u>02</u>	36. <u>2</u>	37. <u>6</u>	38. <u>947</u>	39. <u>1</u>	40. <u>2</u>	41. <u>0</u>	42. <u>0</u>	43. <u>0</u>
4th	44. <u>2</u>	45. <u>1</u>	46. <u>9</u>	<i>6cm lac top back of head</i>			47. <u>08</u>	48. <u>02</u>	49. <u>1</u>	50. <u>2</u>	51. <u>947</u>	52. <u>1</u>	53. <u>1</u>	54. <u>0</u>	55. <u>0</u>	56. <u>0</u>
5th	57. <u>2</u>	58. <u>2</u>	59. <u>9</u>	<i>abrasion forehead</i>			60. <u>02</u>	61. <u>02</u>	62. <u>1</u>	63. <u>7</u>	64. <u>947</u>	65. <u>1</u>	66. <u>1</u>	67. <u>0</u>	68. <u>0</u>	69. <u>0</u>
6th	70. <u>2</u>	71. <u>1</u>	72. <u>9</u>	<i>contusion behind ear</i>			73. <u>04</u>	74. <u>02</u>	75. <u>1</u>	76. <u>2</u>	77. <u>947</u>	78. <u>1</u>	79. <u>1</u>	80. <u>0</u>	81. <u>0</u>	82. <u>0</u>
7th	83. <u>2</u>	84. <u>1</u>	85. <u>9</u>	<i>assoc abrasion</i>			86. <u>02</u>	87. <u>02</u>	88. <u>1</u>	89. <u>2</u>	90. <u>947</u>	91. <u>1</u>	92. <u>1</u>	93. <u>0</u>	94. <u>0</u>	95. <u>0</u>
8th	96. <u>2</u>	97. <u>8</u>	98. <u>9</u>	<i>Knees abrasion</i>			99. <u>02</u>	100. <u>02</u>	101. <u>1</u>	102. <u>3</u>	103. <u>947</u>	104. <u>1</u>	105. <u>1</u>	106. <u>0</u>	107. <u>0</u>	108. <u>0</u>
9th	109. <u>2</u>	110. <u>8</u>	111. <u>9</u>	<i>feet abrasion</i>			112. <u>02</u>	113. <u>02</u>	114. <u>1</u>	115. <u>3</u>	116. <u>947</u>	117. <u>1</u>	118. <u>1</u>	119. <u>0</u>	120. <u>0</u>	121. <u>0</u>
10th	122. <u>2</u>	123. <u>7</u>	124. <u>9</u>	<i>shoulder abrasion</i>			125. <u>02</u>	126. <u>02</u>	127. <u>1</u>	128. <u>3</u>	129. <u>947</u>	130. <u>1</u>	131. <u>1</u>	132. <u>0</u>	133. <u>0</u>	134. <u>0</u>

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

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



SOURCE OF INJURY DATA OFFICIAL (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic UNOFFICIAL (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police	INJURY SOURCE CONFIDENCE LEVEL (1) Certain (2) Probable (3) Possible (9) Unknown DIRECT/INDIRECT INJURY (1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source STRIKING PROFILE (0) Injury not from vehicle contact (1) Flat-Narrow (< 15 centimeters) (2) Flat-Wide (≥ 15 centimeters) (3) Rounded (contoured) (4) Rounded edge (5) Sharp edge (8) Other (specify): _____ (9) Unknown	TYPE OF DAMAGE (0) Injury not from vehicle contact (1) No damage/contact (2) Scratch (3) Dent (4) Large deformation (5) Cracked, fractured, shattered (6) Separated from vehicle (7) Noncontact injury (8) Other specify: _____ (9) Unknown DAMAGE DEPTH (0) Injury not from vehicle contact (1) No residual damage (2) Surface only damage (3) Crush depth > 0 to 2 centimeters (4) Crush depth > 2 to 5 centimeters (5) Crush depth > 5 to 10 centimeters (8) Other specify: _____ (9) Unknown
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PEDESTRIAN INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Spine	Abbreviated Injury Scale
(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	(1) Minor injury (2) Moderate injury (3) Serious injury (4) Severe injury (5) Critical injury (6) Maximum (untreatable) (7) Injured, unknown severity
Type of Anatomic Structure	<u>Head - LOC</u> (02) Length of LOC (04, 06, 08) Level of Consciousness (10) Concussion	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02 Level of Injury Specific injuries are assigned consecutive two-digit numbers beginning with 02.	Aspect (1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region
(1) Whole Area (2) Vessels (3) Nerves (4) Organs (includes muscles/ligaments) (5) Skeletal (includes joints) (6) Head - LOC (9) Skin		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.	

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	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	<u>Wheels / tires</u> 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
<u>Left Side Components</u> 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): _____ Unknown left side component	<u>Back Components</u> 760 Rear (back) bumper 761 Tailgate 762 Hatchback, vertical surface 768 Other back component (specify): _____ 769 Unknown back component	<u>Undercarriage components</u> 800 Front crossmember 801 Steering assembly/Front suspension 802 Oil pan 803 Exhaust system pipe 804 Transmission 805 Drive shaft 806 Catalytic converter 807 Muffler 808 Floor pan 809 Fuel tank 810 Rear suspension 818 Other undercarriage component (specify): _____ 819 Unknown undercarriage component
<u>Right Side Components</u> 740 Front fender side surface 741 Front antenna 742 A1 pillar 743 A2 pillar	<u>Top Components</u> 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	<u>Accessories</u> 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): _____ <u>Other Object or Vehicle in Environment</u> 947 Ground 948 Other object (specify): _____ 949 Unknown object in environment 959 Unknown object on contacting vehicle 997 Noncontact injury source 999 Unknown injury source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

- No
 Yes

Blood Alcohol Level (mg/dl)

BAL = /

Glasgow Coma Scale Score

GCSS = 15

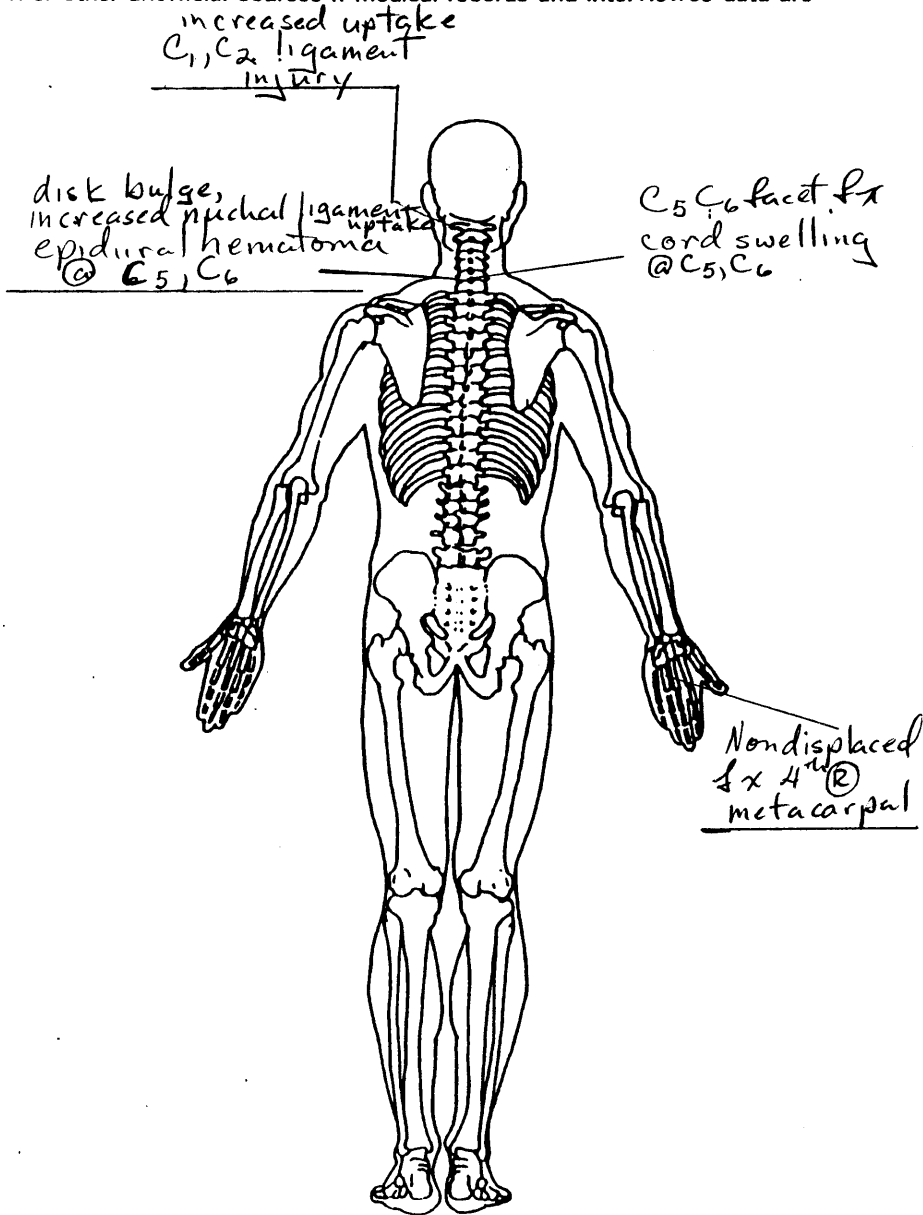
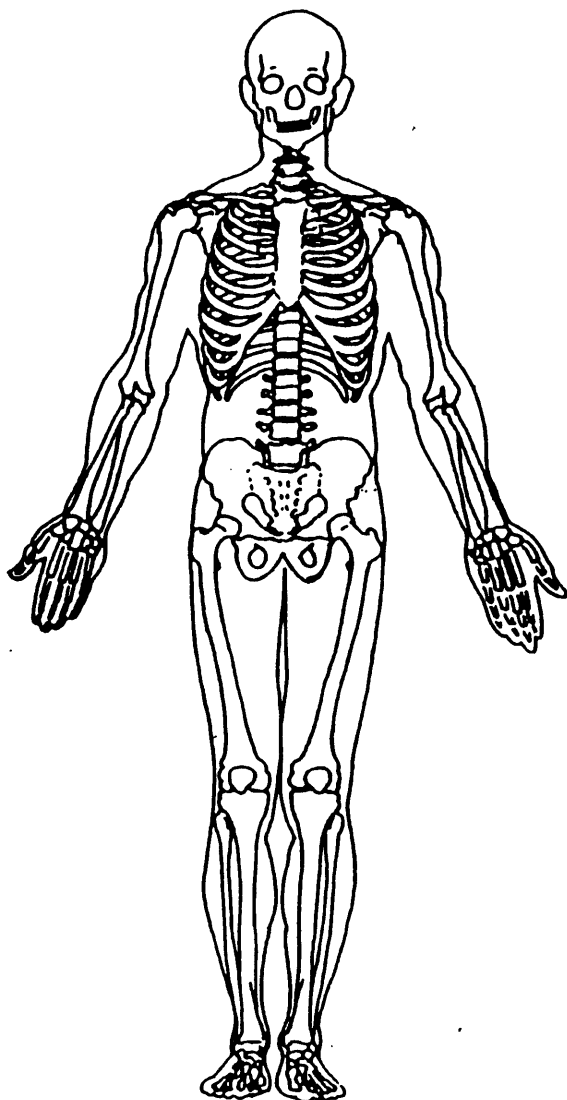
Units of Blood Given

Units = /

Arterial Blood Gases

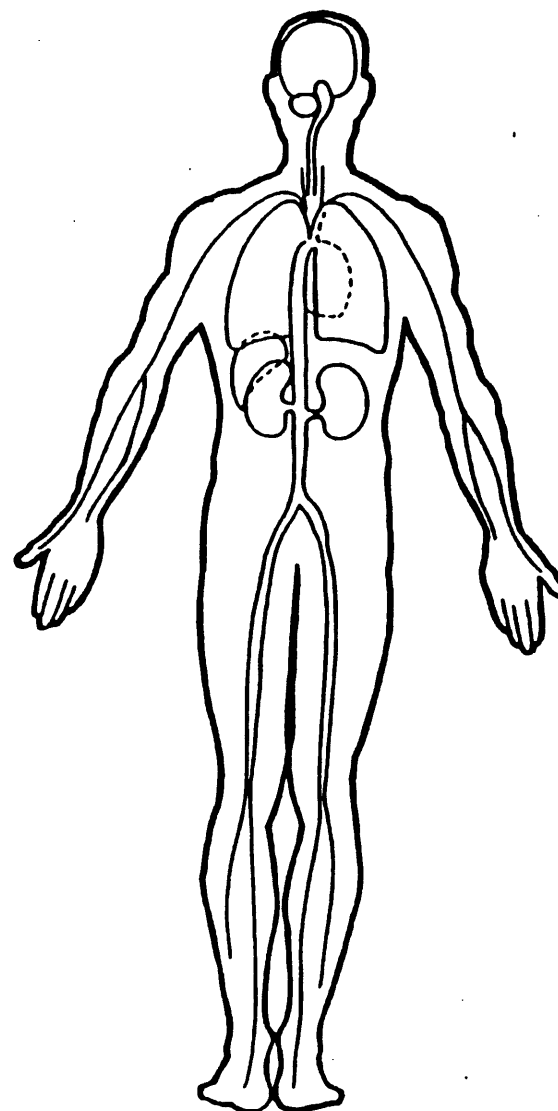
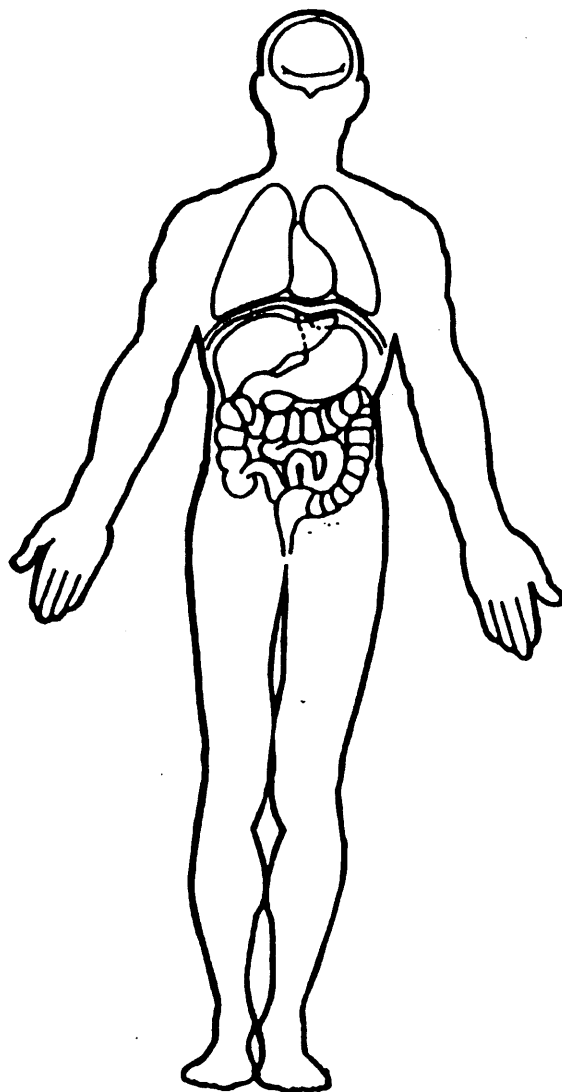
Ph = 7.49
 PO₂ = 305
 PCO₂ = 29
 HCO₃ = 22

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



OFFICIAL INJURY DATA — 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.)





1. Primary Sampling Unit Number 82
 2. Case Number - Stratum 602P
 3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 92
 Code the last two digits of the model year
 (99) Unknown

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

6. Vehicle Model (specify): 481
1500
 Applicable codes are found in your
 NASS PCDS Data Collection, Coding and
 Editing Manual.
 (99) Unknown

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

8. Vehicle Identification Number
1GCEK14Z5NE ~~XXXXXXXXXXXX~~
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
 Left justify; Slash zeros and letter Z (0 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 048
 (000) No statutory limit
 Code posted or statutory speed limit
 in kmph
 (999) Unknown
30 mph X 1.6093 = 48 kmph

11. Police Reported Alcohol Presence For Driver 0
 (0) No alcohol present
 (1) Yes alcohol present
 (7) Not reported
 (8) No driver present
 (9) Unknown

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

13. Police Reported Other Drug Presence
 For Driver 0
 (0) No other drug(s) present
 (1) Yes other drug(s) present
 (7) Not reported
 (8) No driver present
 (9) Unknown

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

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

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

Automobile Derivatives

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

Utility Vehicles (≤ 4,500 kgs GVWR)

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

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

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

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

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

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

Other Light Trucks (≤ 4,500 kgs GVWR)

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

OTHER VEHICLES

Buses (Excludes Van Based)

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

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

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

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

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

Other Vehicles

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

VEHICLE WEIGHT ITEMS

15. Vehicle Curb Weight 1,950Code weight to nearest
10 kilograms.

(045) Less than 450 kilograms

(610) 6,100 kilograms or more

(999) Unknown

4,295 lbs X .4536 = 1,948 kgsSource: 1993 [REDACTED]16. Vehicle Cargo Weight 0070Code weight to nearest
10 kilograms.

(000) Less than 5 kilograms

(450) 4,500 kilograms or more

(999) Unknown

150 lbs X .4536 = 68 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

STOP - VARIABLES 18 THROUGH 20

ARE COMPLETED BY THE ZONE CENTER

RECONSTRUCTION DATA

18. Impact Speed + 010

Nearest kmph

(NOTE: 000 means greater than .5 kmph)

(160) 159.5 kmph and above

(999) Unknown

19. Accuracy Range of Impact Speed Estimate 1

(0) No reconstruction

(1) Less than 2 kmph

(2) ≥ 2 kmph and ≤ 8 kmph(3) ≥ 9 kmph and ≤ 16 kmph(4) ≥ 17 kmph and ≤ 26 kmph

(9) Unknown

20. Data Source of Impact Speed 1

(0) No impact speed calculated

(1) Zone center calculation

(2) Police calculation

(3) Driver/witness/police estimates

PRECRASH DATA

21. Driver's Attention to Driving 6

(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 01

(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

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

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



PEDESTRIAN EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number	<u>82</u>	3. Vehicle Number	<u>0</u> <u>1</u>
2. Case Number - Stratum	<u>602P</u>		

VEHICLE IDENTIFICATION

VIN 1GCEK14Z5NE ~~XXXXXXXXXX~~ Model Year 92

Vehicle Make (specify): Chevrolet Vehicle Model (specify): 4x4 1500 Cheyenne TRUCK

PEDESTRIAN FRONT CONTACT WORK SHEET

PEV06 Hood Material	<u>Steel</u>
PEV08 Hood Length	<u>112</u> cm
PEV09 Hood Width-Forward Opening	<u>160</u> cm
PEV10 Hood Width-Midway	<u>165</u> cm
PEV11 Hood Width-Rear Opening	<u>169</u> cm
PEV14 Front Bumper Cover Material	<u>Metal - Steel</u>
PEV15 Front Bumper Reinforcement Material	<u>Steel</u>

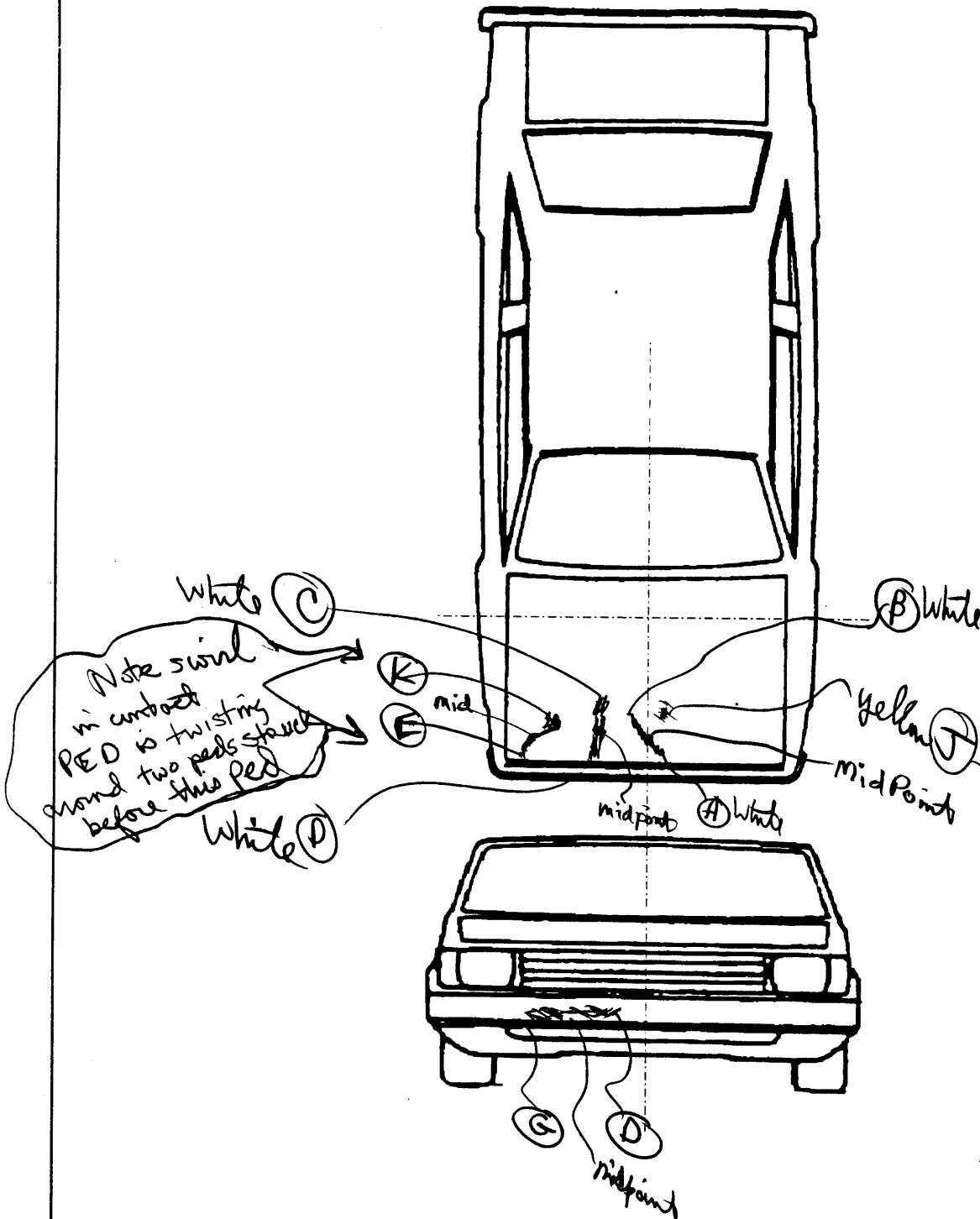
VERTICAL MEASUREMENTS

PEV16 Front Bumper-Bottom Height	<u>050</u> cm
PEV17 Front Bumper-Top Height	<u>065</u> cm
PEV18 Forward Hood Opening	<u>099</u> cm
PEV19 Front Bumper Lead	<u>008</u> cm

WRAP DISTANCES

PEV20 Ground to Forward Hood Opening	<u>100</u> cm
PEV21 Ground to Front/Top Transition Point	<u>105</u> cm
PEV22 Ground to Rear Hood Opening	<u>220</u> cm
PEV23 Ground to Base of Windshield	<u>229</u> cm
PEV24 Ground to Top of Windshield	<u>300</u> cm
PEV25 Ground to Head Contact	<u>N/A</u> cm

VEHICLE DAMAGE SKETCH



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

Location of the origin (intercept point of the centerline and the front axes) from the ground: 190 cm

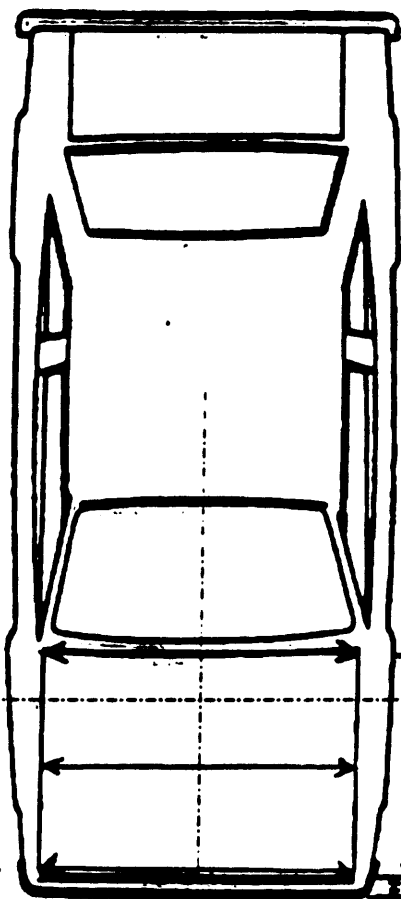
Field Form / Contacts

VIN 1GCEK14Z5NE

Model Year 92

Vehicle Make (specify): Chevrolet

Vehicle Model (specify): 1500 RV.



Hood Material

Metal - Steel

Front Bumper Cover Material

Metal

Front Bumper Reinforcement Material

None Steel

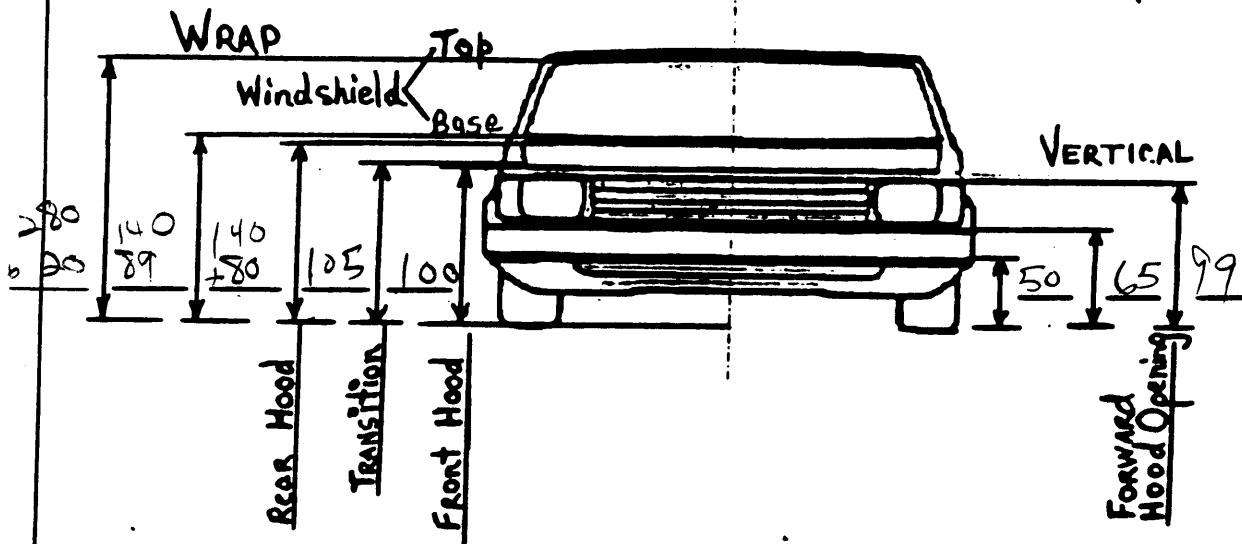
Hood Widths
Rear Opening 169

Midway 165

Forward Opening 160

112 Hood Length

8 Bumper Lead



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 sides (longitudinal) in centimeters. Draw perspective views which might be useful in reconstructing the accident (e.g., grass in the road, direction of concrete curb on sidewalk, etc.).

Location of the origin (intercept point of the contact and the front sides) from the ground: cm

VEHICLE DAMAGE SKETCH

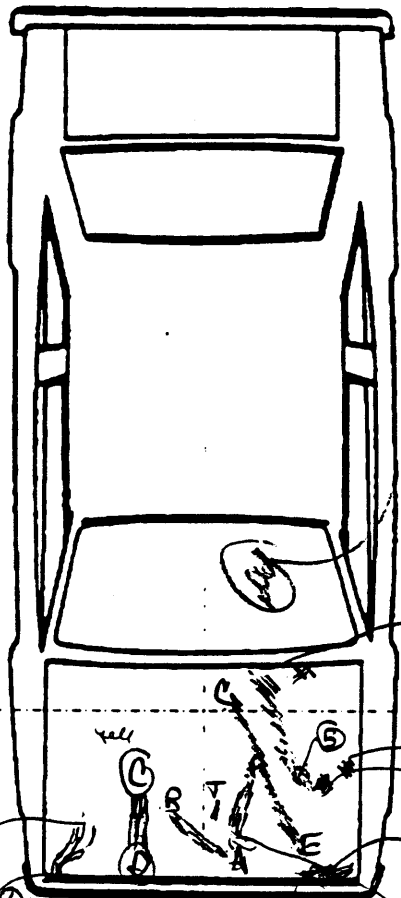
190 - Transition

mid points
of contacts

B - Black skin
transfer

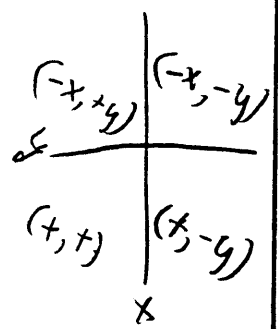
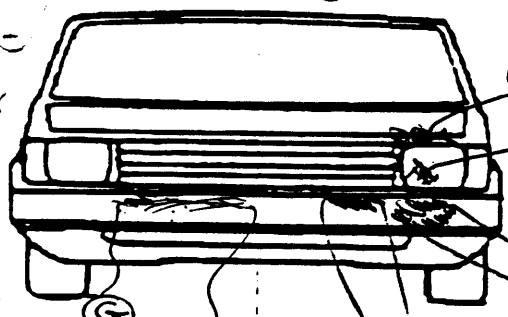
4x4
1500
crew

	X	Y	
G	88	55	} $\bar{x} = 90$ $\bar{y} = 42$
D	95	-10	
1	90	-33	} $\bar{x} = 82$ $\bar{y} = 70$
2	84	-58	
0	80	-80	} $\bar{x} = 70$ $\bar{y} = 54$
3	74	-68	
I	67	-77	} $\bar{x} = 40$ $\bar{y} = 28$
K	73	-41	
5	27	-63	} $\bar{x} = 60$ $\bar{y} = 45$
6	15	-78	
A	78	-17	} $\bar{x} = 20$ $\bar{y} = 25$
B	64	+8	
D	58	27	} $\bar{x} = 59$ $\bar{y} = -18$
C	28	30	
K	47	60	} $\bar{x} = 20$ $\bar{y} = 25$
E	63	75	
E	57	-38	} $\bar{x} = 20$ $\bar{y} = 25$
C	-10	-10	
8)	-20	-25	} $\bar{x} = 20$ $\bar{y} = 25$
7)	70	54	
A	78	-17	} $\bar{x} = 20$ $\bar{y} = 25$
F	+40	-20	
J	54	-9	



Coffee Cup Splat

(make up)
Hand wrap
152



Head Wrap Contact 152

210 →

190
20
210

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

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

ORIGINAL SPECIFICATIONS

- 93 Gos. Truck Index

Wheelbase	<u>131.5</u>	inches	x 2.54	=	<u>334</u>	cm
Overall Length	<u>212.6</u>	inches	x 2.54	=	<u>540</u>	cm
Maximum Width	_____.	inches	x 2.54	=	<u>195</u>	cm
Curb Weight	<u>4,295</u>	pounds	x .4536	=	<u>1,948</u>	kg
Average Track	_____.	inches	x 2.54	=	_____	cm
Front Overhang	_____.	inches	x 2.54	=	<u>92</u>	cm
Rear Overhang	_____.	inches	x 2.54	=	<u>106</u>	cm
Undeformed End Width	_____.	inches	x 2.54	=	_____	cm
Engine Size: cyl./displ.	_____	cc	x .001	=	_____	L
	<u>v6-4.3L</u>	CID	x .0164	=	<u>4.3</u>	L

PSU NUMBER
CASE NUMBER
YEAR

82
602P
1994

PEDESTRIAN EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) 3,4

Contracts Reference to Slides

POINTS OF PEDESTRIAN CONTACT

LIST CONTACTS IN CHRONOLOGICAL ORDER

CONTACT #	COMPONENT CONTACTED CODE	LONGITUDINAL LOCATION (X)	LATERAL LOCATION (Y)	CRUSH IN CENTIMETERS	SUSPECTED BODY REGION	SUPPORTING PHYSICAL EVIDENCE	CONFIDENCE LEVEL OF CONTACT POINT (Circle)
Yellow 1 G	700	88 135	55	≤ 1	Legs	Scuffs	1 (1) 3 9
Yellow 2 D	700	95 135	10	< 1	Legs	Scuffs	1 (2) 3 9
Midpoint G-D		90 135	34	≤ 1	"	"	1 (2) 3 9
White 4 A	770	78	-17	Scuff mark	Upper Body	Scuff Mark	1 (2) 3 9
White 5 B	770	64	8	"	"	Fabric	1 (2) 3 9
White 6 D	770	58	27	≤ 1	BArm/Shoulder	Scuff	(1) 2 3 9
White 7 C	770	28	30	≤ 1	" " "	Fabric Smear	(1) 2 3 9
Midpoint C-D		40	28	"	" " "	" " "	(1) 2 3 9
White 8 E	770	63	75	Smear	(L) Hand	Hand Smear	(1) 2 3 9
Yellow 10 K	770	47	60	"	Finger	SWIRL	(1) 2 3 9
Midpoint E-K		60	65	"	"	"	(1)

CODES FOR COMPONENTS CONTACTED

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)
- 708 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 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
- 748 D pillar
- 748 Other pillar (specify): _____
- 749 Right side roof rail
- 750 Right side door surface
- 751 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 underhood component
- 772 Front fender top surface
- 773 Cowl area
- 774 Wiper blade & mountings
- 775 Windshield glazing
- 776 Front header
- 777 Roof surface
- 778 Backlight glazing
- 779 Rear header
- 780 Hatchback
- 781 Rear trunk lid
- 788 Other top component (specify): _____
- 789 Unknown top component

Wheels / tires

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

Undercarriage components

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

Accessories

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

Other Object or Vehicle in Environment

- 848 Other object in environment (specify): _____
- 849 Unknown object in environment
- 959 Unknown object on contacting vehicle
- 997 Noncontact injury source
- 999 Unknown injury source

VEHICLE DIMENSIONS

4. Original Wheelbase 334
 _____ Code to the nearest centimeter
 (999) Unknown

1315 inches X 2.54 = _____ centimeters

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

_____ inches X 2.54 = _____ centimeters

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

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

8. Hood Length 112
 _____ Code to the nearest centimeter
 (180) 180 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeter

9. Hood Width Forward Opening 160
 _____ Code to the nearest centimeter
 (210) 210 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

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

_____ inches X 2.54 = _____ centimeters

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

_____ inches X 2.54 = _____ centimeters

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

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

FRONT CONTACT DAMAGE

Front Vertical Measurements

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

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

16. Front Bumper-Bottom Height 050
 _____ Code to the nearest centimeter
 (000) No front contact
 (150) 150 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

17. Front Bumper-Top Height 065
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (150) 150 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

18. Forward Hood Opening 160
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (200) 200 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

19. Front Bumper Lead 08
 (00) No front contact
 _____ Code to the
 nearest centimeter
 (30) 30 centimeters or more
 (99) Unknown

_____ inches X 2.54 = _____ centimeters

23. Ground to Base of Windshield 229
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (400) 400 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

24. Ground to Top of Windshield 300
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (500) 500 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

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

_____ inches X 2.54 = _____ centimeters

Front Wrap Distance Measurements

20. Ground to Forward Hood Opening 100
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (200) 200 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

21. Ground to Front/Top Transition Point 105
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (180) 180 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

22. Ground to Rear Hood Opening 220
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (400) 400 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

SIDE CONTACT DAMAGE

Side Vertical Measurements

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

_____ inches X 2.54 = _____ centimeters

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

_____ inches X 2.54 = _____ centimeters

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

_____ inches X 2.54 = _____ centimeters

29. Centerline of Wheel 000

Code to the nearest centimeter
 (000) No side contact
 (150) 150 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

30. Top of Tire 000

Code to the nearest centimeter
 (000) No side contact
 (200) 200 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

31. Top of Wheel Well Opening 000

Code to the nearest centimeter
 (000) No side contact
 (250) 250 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

32. Bottom of A-Pillar at Windshield 000

Code to the nearest centimeter
 (000) No side contact
 (250) 250 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

33. Top of A-Pillar at Windshield 000

Code to the nearest centimeter
 (000) No side contact
 (300) 300 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

34. Top of Side View Mirror 000

Code to the nearest centimeter
 (000) No side contact
 (300) 300 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

Side Lateral Measurements

35. Centerline to A-Pillar 000

at Bottom of Windshield
 (000) No side contact
 Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

36. Centerline to A-Pillar 000

at Top of Windshield
 Code to the nearest centimeter
 (000) No side contact
 (250) 250 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeter

37. Centerline to Maximum Side View Mirror Protrusion 000

Code to the nearest centimeter
 (000) No side contact
 (300) 300 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeter

Side Wrap Distance Measurements

38. Ground to Side/Top Transition 000

Code to the nearest centimeter
 (000) No side contact
 (400) 400 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

39. Ground to Hood Edge 000

Code to the nearest centimeter
 (000) No side contact
 (500) 500 centimeters or more
 (999) Unknown

_____ inches X 2.54 = _____ centimeters

40. Ground to Centerline of Hood (Origin) 000

Code to the
nearest centimeter

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

_____ inches X 2.54 = _____ centimeters

41. Ground to Head Contact 000

Code to the
nearest centimeter

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

_____ inches X 2.54 = _____ centimeters



PEDESTRIAN INTERVIEW FORM

11:20 [redacted] 194

1. Primary Sampling Unit Number	80	Interviewee(s) Role or Name(s): Relative of [redacted]
2. Case Number - Stratum	60 & P	
3. Pedestrian Number	0 1	

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:

Relative of [redacted] had experience as a Paramedic and was able to discuss injury data with causes (See injury diagram)

He said they were walking and he was not carrying anything when they were struck. He assessed that when [redacted] hit the ground the left side and base of neck struck the ground causing the broken neck with scrapes cuts and bruise on this area and [redacted] is having difficulty with these wounds - He was knocked out of his shoes and socks with scrapes to bottom and top of both feet

WITNESS DESCRIPTION OF ACCIDENT EVENTS:

[redacted] doesn't recall any of the events of Accident

Witness: See Diagram Page: [redacted] thrown farthest down st ([redacted]) Final Rest next to curb. Fx 5th Vertebrae
Realized from neck down. No evasive actions taken before 1st Impact

PSU NUMBER
CASE NUMBER
YEAR

82
602P
1994

PEDESTRIAN INTERVIEW FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

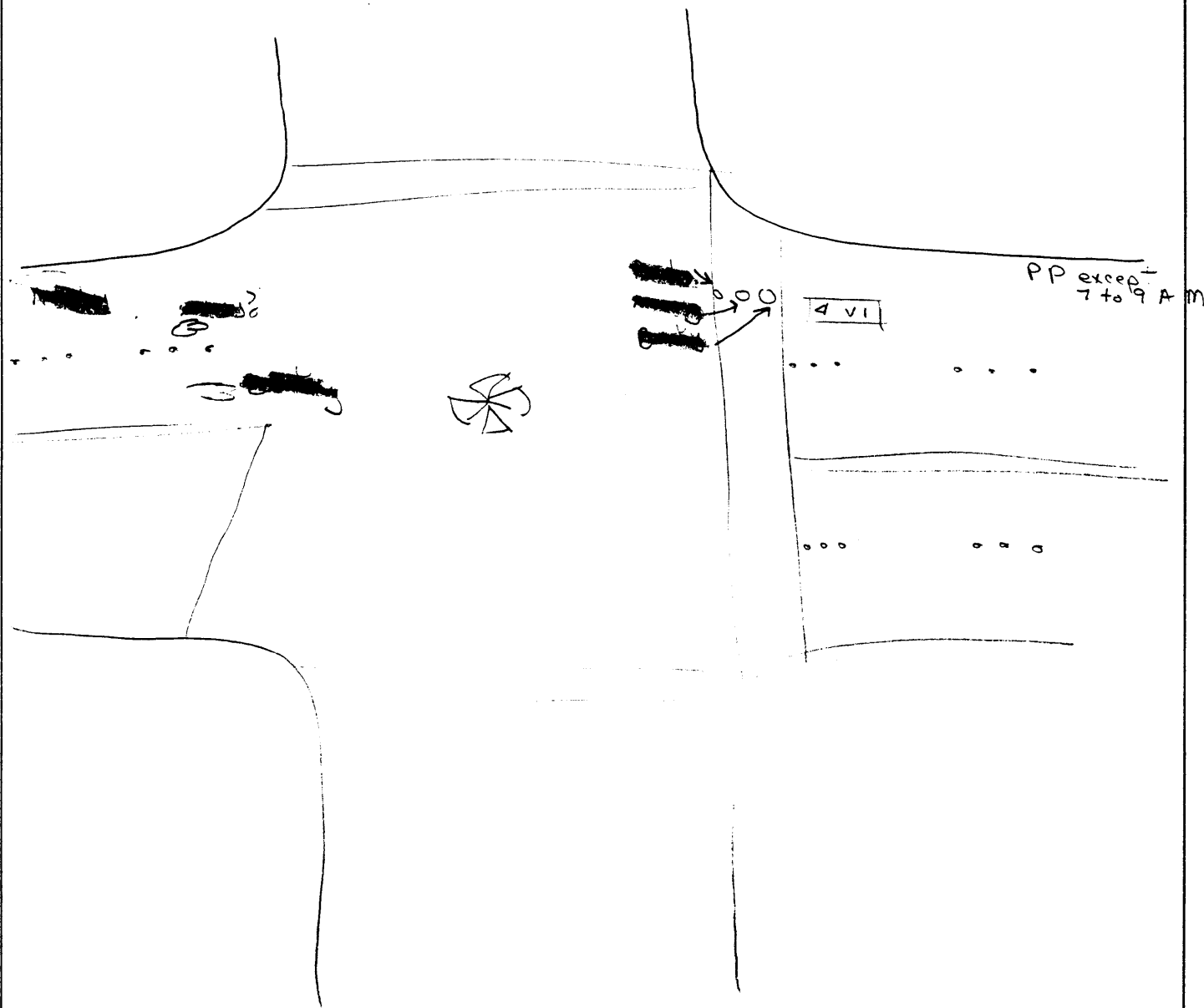
PAGE NUMBER (S) 2

ACCIDENT DIAGRAM



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

INDICATE NORTH



1. Primary Sampling Unit Number 82

3. Pedestrian Number 01

2. Case Number - Stratum 602P

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): Fell asleep
- 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
- 11-10
- 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 82

3. Pedestrian Number 01

2. Case Number - Stratum 602 P

PEDESTRIAN CRASH DATA QUESTIONS **PEDESTRIAN CHARACTERISTICS**

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

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

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

- To front
- To left *Heard car honk and turned head 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
- Not carrying anything per relatives*
- 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 *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?

He was struck and launched with the result of his head and neck injuries. I determine he hit the ground with his neck @ side causing serious paralysis

16. Height, Weight, Age, and Sex?

Height 5'9" Weight 155 Age 33 (61)
 Sex: Male Female

17. What kind of shoes were you wearing?

Casual shoes / socks

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

Go to Pedestrian Injury Data questions

1. Primary Sampling Unit Number

82

3. Pedestrian Number

0 1

2. Case Number - Stratum

6 02 P

PEDESTRIAN INJURY DATA

1. Were you injured?

[] No - Go to question 8

[X] Yes

See diag

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

[] No - Go to question 3

[X] 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

[X] 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

[X] 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

[X] Yes - Specify injury sources, striking profile, type of damage, and damage depth on the manikin(s).

4. Did you injure your head?

[X] 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?

[X] 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?

[X] 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)

[X] Yes (If "Yes", go to question 7a or return to question 2.)

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

[X] 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?

[X] No (If "No", go to question 7c.)

[] Yes (If "Yes", go to question 7e.)

7c. Were you hospitalized?

[] No (If "No", give an explanation)

[X] Yes (If "Yes", go to question 7d.)

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

still there 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

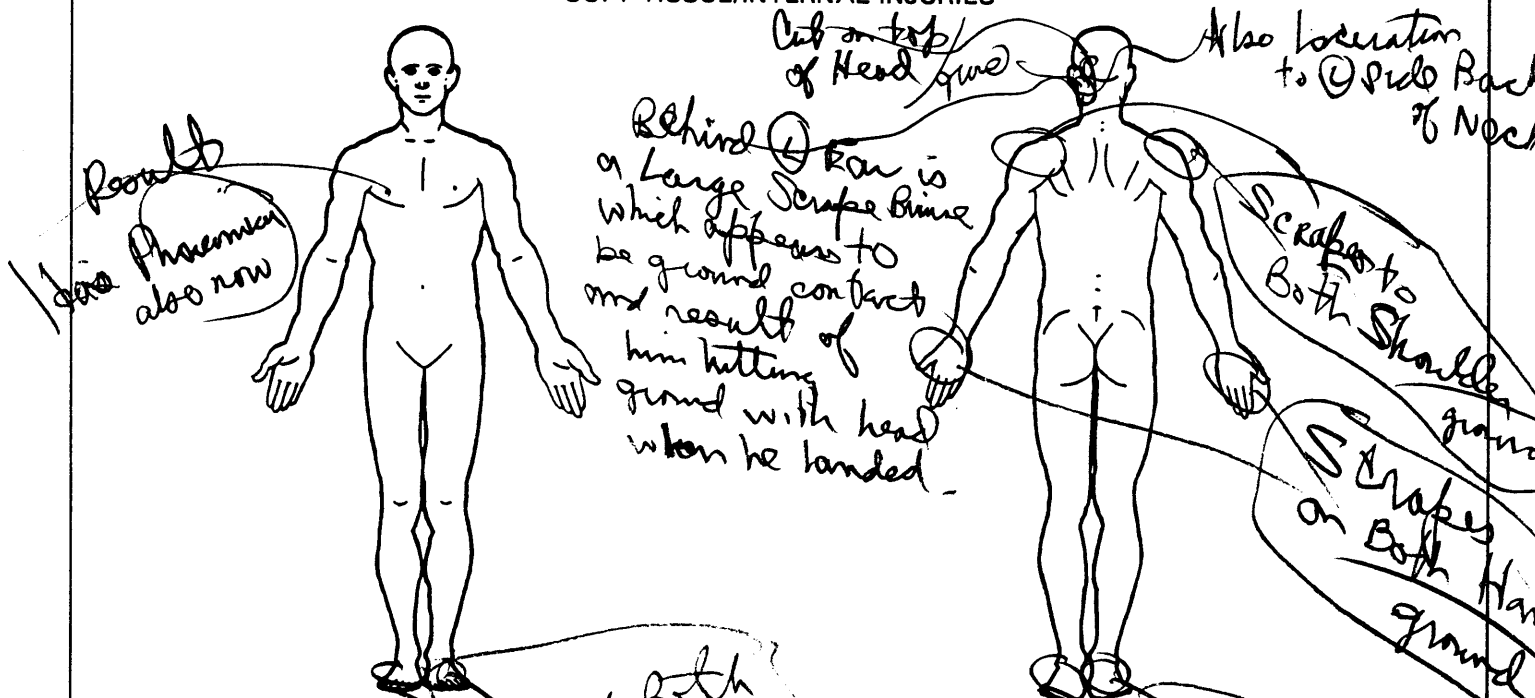
[] Unknown

PSU Number 82 Case Number-Stratum 6 02 P Pedestrian Number 0 1

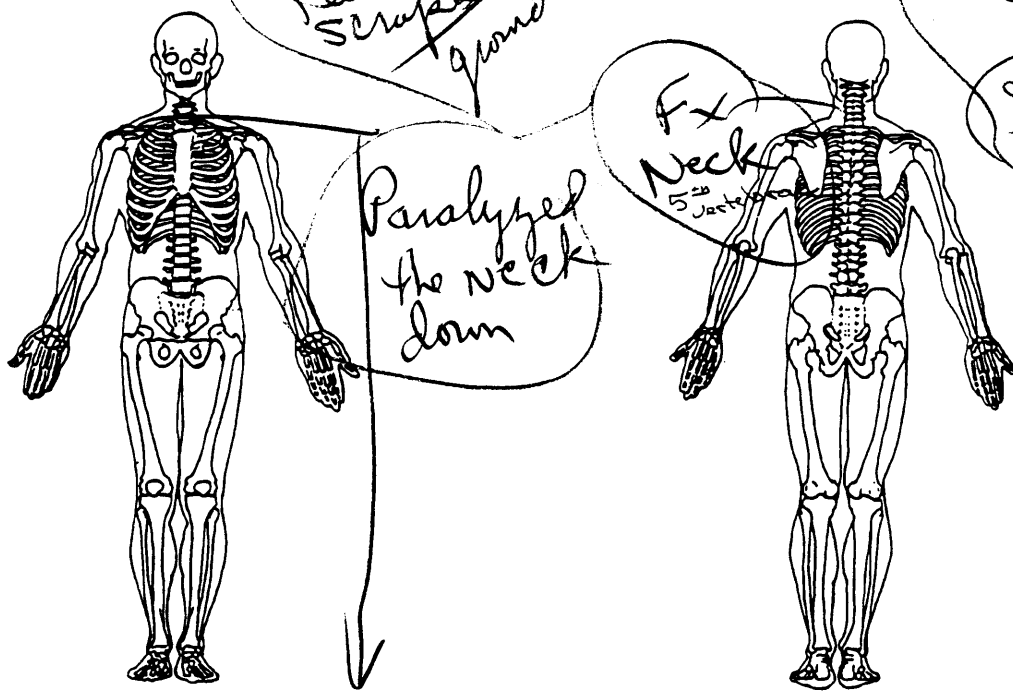
PEDESTRIAN INJURY DATA FROM INTERVIEWEE(S)

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

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES





DRIVER INTERVIEW FORM

1. Primary Sampling Unit Number <u>82</u>	Interviewee(s) Role or Name(s): <u>Driver</u>
2. Case Number - Stratum <u>602P</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?

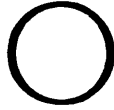
DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

fell asleep - just got off work - going home
I fell asleep - heard / felt a thud & thought
someone had run into me. I braked as
soon as I heard the thump & realized I
had hit some people and pulled
around the corner & parked, no soon
and could

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

Blank lines for 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

82

3. Vehicle Number

01

2. Case Number - Stratum

602P

4. Occupant Number

01**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):

curb lane3. Can you remember your estimated travel speed (in miles per hour) before the accident?no idea

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

 No7. 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?no idea

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

NA N
 W . E
 S
parked Veh. on his own

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 _____ 3. Vehicle Number 01
 2. Case Number - Stratum 6 P 4. Occupant Number 01

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)

(L) Front side
(R) side behind door

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: _____

Did Not See Ped

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 82 3. Vehicle Number 01
 2. Case Number - Stratum 602P 4. Occupant Number 01

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?

thrown across intersection

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

Yes- How many? 3

continue collecting information (questions 24 through 34 above) for each additional pedestrian contacted.

- No- End Driver Interview

DID NOT HIT
 PEDESTRIAN
 2005

Contact #	Component Code	X	Y	Crush	Body Region	Evidence
yellow G	700	88	55	≤ 1	602 Legs	Scuffs
yellow D	700	95	10	< 1	602 Legs	Scuffs
Midpoint GD	700	90	34	≤ 1	602 Legs	
Purple 1	700	90	-33	scuff ≤ 1	603 (R) Leg	Scuffs
Purple 2	700	84	-58	"	603 (R) Leg	"
purple 0	700	80	-80	2-3 cm	603 (L) Leg	crushed
Midpoint ^{Purple} 1-2	700	90	-42	Scuffed	(R) ⁶⁰³ Leg	
Mid Point ^{Purple} 2-0	700	82	-70	2-3cm	(L) leg 603	
Purple 1	700	90	-33	smeared scuff	Legs 604P	
Purple 3	706	74	-68	3 cm	Thigh 603	
white K	703	73	-41	4-5cm	(R) Arm 603 PELVIC 603	
white H	703	67	-77	"	"	
Midpoint K-H (7)	703	70	-54	"	"	
Purple 5	770	27	-63	2cm	Head Contact 603	Make up
Purple 6	770	15	-78	1cm	603 Head	smeared
White A	770	78	-17	scuff smeared	604 (R) Hip Fabric	Fabric transfer
White F	770	40	-20	Scuff Smeared	"	"
Midpoint A-F	770	59	-18	"	"	"
Yellow E	770	57	-38	scuff longated smeared	604 Upper Body (R) Arm	
yellow C	770	-10	-10	"	"	
Midpoint ^{Yellow} E ^{Yellow} C	770	20	-25	"	"	Head wear 604P -20, -25
Yellow J	770	54	-9	Small Dirt/Smeared	602 (R) Elbow possible 603 Hand possible	
White A white A	770	78	-17	Scuff Mark type	Upper Body possible 602	
White B	770	64	+8	"	Upper Body/604 possible	
White D	770	58	27	Scuff	602P (R) Arm Shoulder	
white C	770	28	30	"	602P	
Midpoint ^{White} C ^{White} D	770	40	28	"	602P	
White E	770	63	75	Hand left Finger	602	Swirling Smear
Yellow K	770	47	60		602	Launching Smear
Midpoint R-K	770	60	65		602	

①

602

603

604

Impact point - Located

FRP - Vehicle - uncertain - estimated by witness

FRP - P.d (602) Located

P.d Tumbled & skidded

For minimum velocity at P.d
Projected at 45° Throw

$$V^2 = \frac{g d_f^2}{(d_f - h)}$$

d_f = horizontal distance at fall

h = vertical distance at fall

$$V^2 = \frac{(32.2)(3.8)^2}{5.8 - (-3.13)}$$

$$V^2 = \frac{10432}{61.13} = 1771$$

$$V = \sqrt{1771} = 42 \text{ FPS} = \boxed{29 \text{ mph}}$$

Vehicle came to rest

(2)

$$5 \text{ cm} \times 2.5 = 12.5 \text{ meters} = \\ \text{In. ft.} = 3.281 = 41 \text{ ft}$$

Distance V_1 traveled from first
input to final rail position.

Assume p-r/React time at 0.5 Sec.

Th...

$$\text{Total Distance traveled} = 41 \text{ ft}$$

$$\text{Distance traveled during p-r/React} = V \cdot t$$

Distance travel during braking

$$v^2 = 2sfg \quad s = \frac{v^2}{2fg}$$

$$\text{Th... } 41 \text{ ft} = vt + \frac{v^2}{2fg}$$

$$41 = 0.5V + \frac{v^2}{(2)(0.7)(32.2)}$$

$$41 = 0.5V + 0.022v^2$$

$$0.022v^2 + 0.5v - 41 = 0$$

$$A = 0.022$$

$$B = 0.5$$

$$C = -41$$

$$V = \frac{-b \pm \sqrt{b^2 - 4AC}}{2A}$$

$$\frac{-0.5 \pm \sqrt{(0.5)^2 - 4(0.022)(-41)}}{2(0.022)}$$

$$\frac{-0.5 \pm 1.96}{0.044}$$

$$= 33 \text{ FPS} = 22 \text{ mph}$$

3.

uncertainty of

P₂d skid/Tumble distance

Final rest of vehicle

First impact with 1st P₂d.

Use impact speed of 25mph

