



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 90 CASE NO. 609-P TYPE OF ACCIDENT Light Truck/Ped./Moving In Road/With Traffic

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 North on the roadway and pedestrian #1 was walking South in the roadway. From injury data and damage to the vehicle the pedestrian moved to her right as the vehicle steered to the left. At the last minute the pedestrian turned away from the vehicle, the front of vehicle #1 struck the back of the pedestrian knocking her to the ground.

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	38	Female	Treated released	Lower Extrem.	Skeletal	2	Bumper

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	Pick-up Intermediate	1995 ISUZU (N-95) Pick-up	FRONT	Hood, Hood Edge, Grill, Front Bumper

DO NOT SANITIZE THIS FORM



ACCIDENT COLLISION DIAGRAM

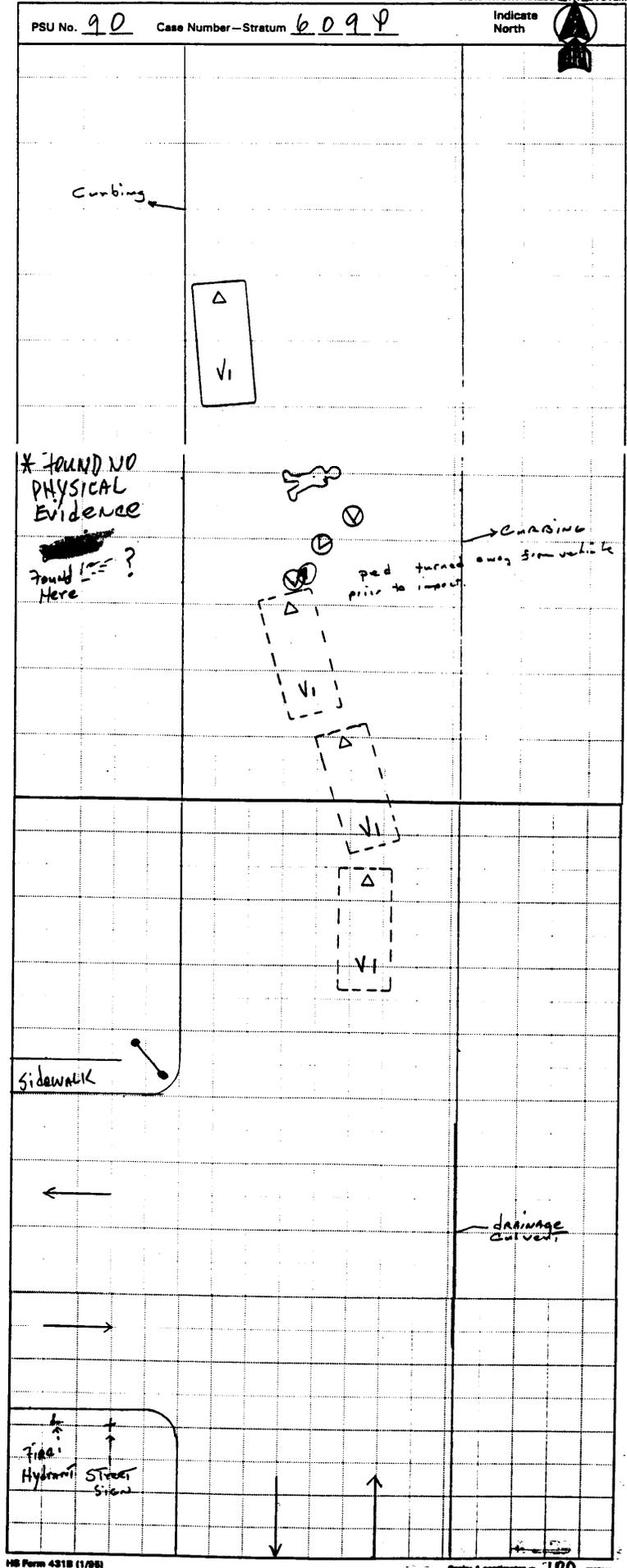
PSU No. 90

Case Number - Stratum 6094

Indicate North



BEST AVAILABLE COPY





PEDESTRIAN ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 90

Case Number-Stratum 609P

PEDESTRIAN ACCIDENT COLLISION DATA COLLECTION		SCALED DIAGRAM
<ul style="list-style-type: none"> document reference point and reference line relative to physical features 	Surface Type: <u>BIT/Asph</u>	<ul style="list-style-type: none"> north arrow placed on diagram
<ul style="list-style-type: none"> 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 	Surface Condition: <u>Dry</u> Coefficient of Friction: <u>.65</u> Grade (v/h) Measurement: a) at impact: <u>0</u> b) between impact and final rest: <u>0</u>	<ul style="list-style-type: none"> grade measurements for all applicable roadways scaled representations of the physical plant including: <ul style="list-style-type: none"> a) all road/roadway delineation (e.g., crosswalks, curb/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
<ul style="list-style-type: none"> documentation of the physical plant including: <ul style="list-style-type: none"> a) all road/roadway delineation (e.g., crosswalks, curb/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.) b) all traffic controls (e.g., lights, signs) 	Pedestrian Travel Direction: <u>W-E</u> Vehicle Travel Direction: <u>S-N</u> Number of Travel Lanes: <u>2</u> <u>NO STRIPPING</u>	

Reference Point: Apex NW Reference Line: West Curb Line

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
POI (Ped)	15.6 N	3.2 E
FRP (Ped)	18.7 N	3.9 E
Note: NO Phy. Evid. Remains AT scene AS OF MEAS. TAKEN.		



PEDESTRIAN ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 90

Case Number-Stratum 609P

PEDESTRIAN ACCIDENT COLLISION DATA COLLECTION		SCALED DIAGRAM
<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 	Surface Type <u>Bituminous Asphalt</u> Surface Condition <u>Dry</u> Coefficient of Friction <u>.65</u>	<ul style="list-style-type: none"> north arrow placed on diagram grade measurements for all applicable roadways scaled representations of the physical plant including: <ul style="list-style-type: none"> a) all road/roadway delineation (e.g., crosswalks, curb/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
	Grade (v/h) Measurement a) at impact <u>0</u> b) between impact and final rest <u>0</u> Pedestrian Travel Direction <u>N-S</u> Vehicle Travel Direction <u>S-N</u> Number of Travel Lanes _____	
<ul style="list-style-type: none"> documentation of the physical plant including: <ul style="list-style-type: none"> a) all road/roadway delineation (e.g., crosswalks, curb/edge lines, lane markings, medians, pavement markings, parked vehicles, poles, signs, etc.) b) all traffic controls (e.g., lights, signs) 		

Reference Point: Apex - Northwest Intersection

Reference Line: West Curb Line

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>Drain</u>	<u>0.0</u>	<u>0.0</u>
<u>POINT OF IMPACT (ped)</u>	<u>15.6 N</u>	<u>3.2 E</u>
<u>FINAL REST POSITION (ped)</u>	<u>18.7 N</u>	<u>3.9 E</u>
<u>NOTE: NO PHYSICAL EVIDENCE REMAINS AT SCENE AT TIME OF SCENE INSPECTION AND MEASUREMENTS.</u>		



PEDESTRIAN ACCIDENT FORM NATIONAL ACCIDENT SAMPLING SYSTEM
PEDESTRIAN CRASH DATA STUDY

1. Primary Sampling Unit Number 90
2. Case Number - Stratum 609P

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) [REDACTED] 19 5
5. Time of Accident 2150
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS19 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

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

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01

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>90</u>	10. Pedestrian's Weight Code actual weight to the nearest kilogram. (999) Unknown	<u>999</u>
2. Case Number - Stratum	<u>609P</u>	<u>000</u> pounds X .4536 = <u>000</u> kilograms	
3. Pedestrian Number	<u>01</u>		

PEDESTRIAN'S CHARACTERISTICS	PEDESTRIAN'S PRE-AVOIDANCE ACTIONS
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<p>4. Pedestrian's Age <u>38</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>2</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>999</u> Code actual height to the nearest centimeter. (999) Unknown <u>00</u> inches X 2.54 = <u>000</u> centimeters</p> <p>7. Pedestrian's Height - Ground to Knee <u>99</u> Code to the nearest centimeter. (999) Unknown <u>00</u> inches X 2.54 = <u>00</u> centimeters</p> <p>8. Pedestrian's Height - Ground to Hip <u>999</u> Code to the nearest centimeter. (999) Unknown <u>00</u> inches X 2.54 = <u>000</u> centimeters</p> <p>9. Pedestrian's Height - Ground to Shoulder <u>999</u> Code to the nearest centimeter. (999) Unknown <u>00</u> inches X 2.54 = <u>000</u> 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): _____ <u>03</u> (9) Unknown</p> <p>13. Pedestrian's Action Relative to Vehicle <u>04</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>2X</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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PEDESTRIAN'S AVOIDANCE ACTIONS15. Pedestrian's First Avoidance Actions ~~05~~
06

- (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 1

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

17. Pedestrian's Body (Chest) Orientation at Initial Impact 2

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

18. Pedestrian's Arm Orientation at Initial Impact 9 9

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

One or both arms:

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

19. Pedestrian's Leg Orientation at Initial Impact ~~02~~
07

- (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 ~~01~~

- (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) 00
 (95) Test refused
 (96) None given
 (97) AC (Alcohol Content) test performed, results unknown
 (99) Unknown if test given

Source: 

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) 1
 (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 4
 (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 00
 (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

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

33. Time to Death 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 04

_____ Code the actual number of injuries recorded for this pedestrian.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [✓]

UPDATE CANDIDATE?

NO [✓] YES []



PEDESTRIAN INJURY FORM

1. Primary Sampling Unit Number <u>90</u>	3. Pedestrian Number <u>01</u>
2. Case Number - Stratum <u>609P</u>	4. Blank <u>XX</u>

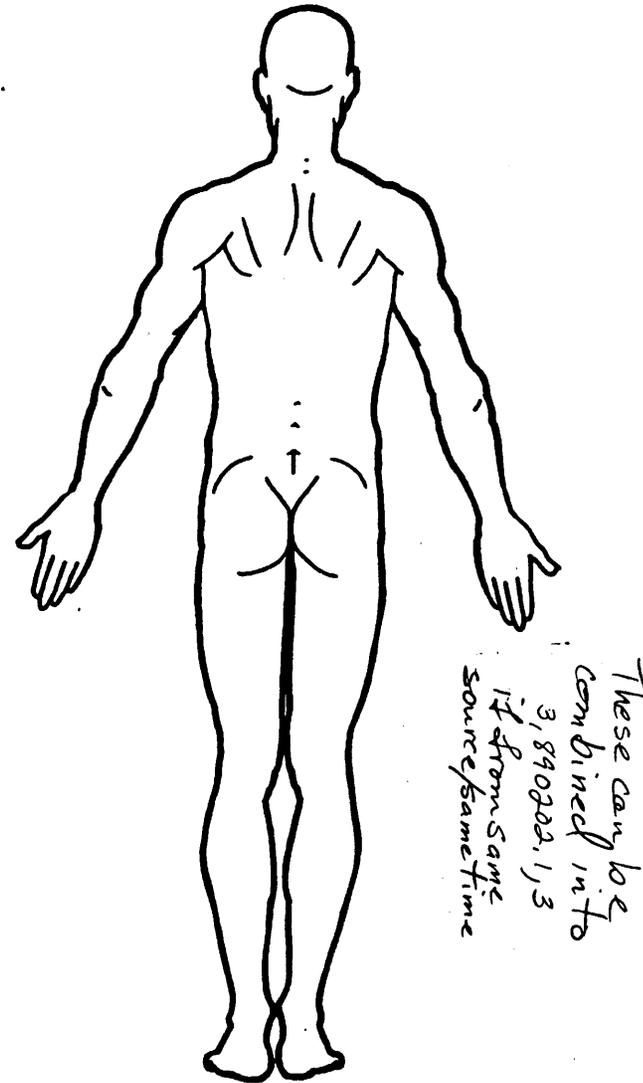
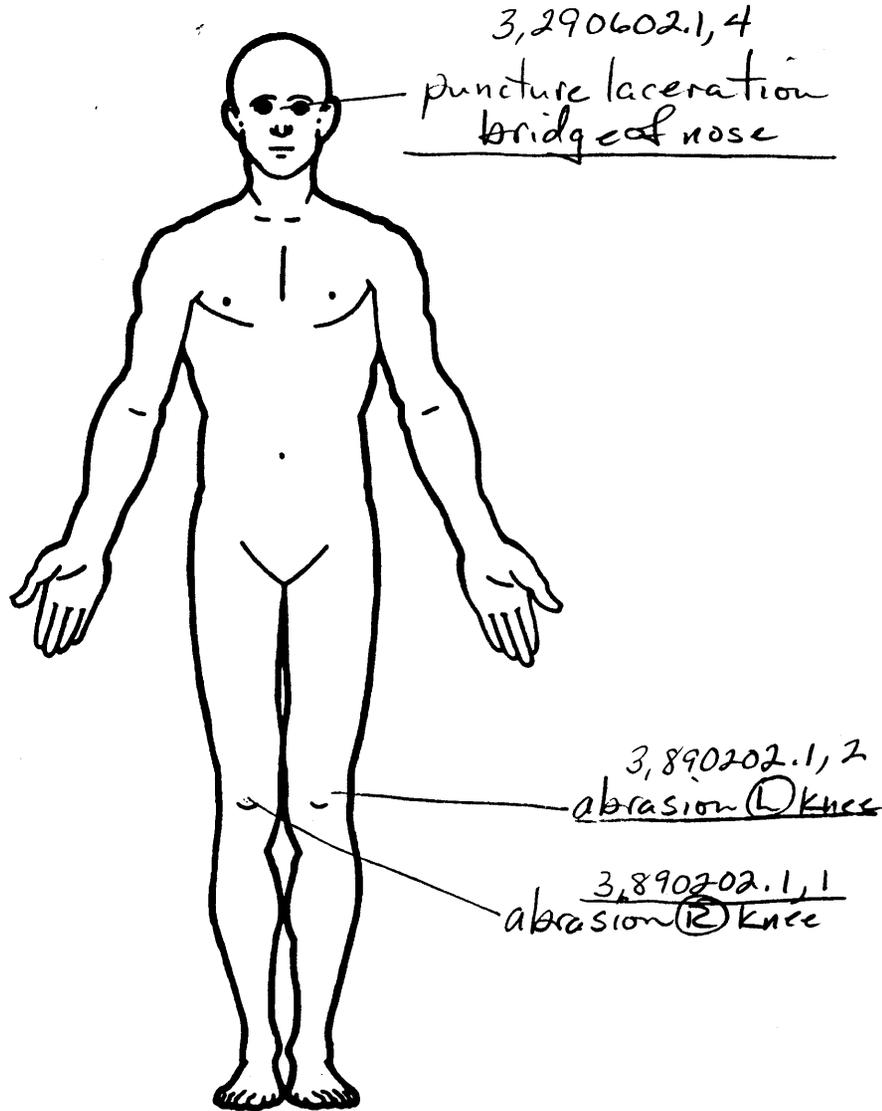
INJURY DATA

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.

	Source of Injury Data	AIS-90						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Striking Profile	Type Of Damage	Damage Depth
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
1st	5. <u>3</u>	6. <u>8</u>	7. <u>5</u>	8. <u>08</u>	9. <u>26</u>	10. <u>2</u>	11. <u>2</u>	12. <u>700</u>	13. <u>1</u>	14. <u>1</u>	15. <u>2</u>	16. <u>1</u>	17. <u>1</u>
2nd	18. <u>3</u>	19. <u>8</u>	20. <u>9</u>	21. <u>02</u>	22. <u>02</u>	23. <u>1</u>	24. <u>2</u>	25. <u>948</u>	26. <u>1</u>	27. <u>1</u>	28. <u>0</u>	29. <u>0</u>	30. <u>0</u>
3rd	31. <u>3</u>	32. <u>8</u>	33. <u>9</u>	34. <u>02</u>	35. <u>02</u>	36. <u>1</u>	37. <u>1</u>	38. <u>948</u>	39. <u>1</u>	40. <u>1</u>	41. <u>0</u>	42. <u>0</u>	43. <u>0</u>
4th	44. <u>3</u>	45. <u>2</u>	46. <u>9</u>	47. <u>06</u>	48. <u>02</u>	49. <u>1</u>	50. <u>4</u>	51. <u>948</u>	52. <u>1</u>	53. <u>1</u>	54. <u>0</u>	55. <u>0</u>	56. <u>0</u>
5th	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___
6th	70. ___	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___
7th	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___	95. ___
8th	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___	105. ___	106. ___	107. ___	108. ___
9th	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___	115. ___	116. ___	117. ___	118. ___	119. ___	120. ___	121. ___
10th	122. ___	123. ___	124. ___	125. ___	126. ___	127. ___	128. ___	129. ___	130. ___	131. ___	132. ___	133. ___	134. ___

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.)



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

Body Region	Specific Anatomic Structure	Spine	Abbreviated Injury Scale
(1) Head	<u>Whole Area</u>	(02) Cervical	(1) Minor injury
(2) Face	(02) Skin - Abrasion	(04) Thoracic	(2) Moderate injury
(3) Neck	(04) Skin - Contusion	(06) Lumbar	(3) Serious injury
(4) Thorax	(06) Skin - Laceration		(4) Severe injury
(5) Abdomen	(08) Skin - Avulsion	<u>Vessels, Nerves, Organs, Bones, Joints</u>	(5) Critical injury
(6) Spine	(10) Amputation	are assigned consecutive two digit numbers beginning with 02	(6) Maximum (untreatable)
(7) Upper Extremity	(20) Burn		(7) Injured, unknown severity
(8) Lower Extremity	(30) Crush		
(9) Unspecified	(40) Degloving	Level of Injury	Aspect
	(50) Injury - NFS	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
Type of Anatomic Structure	(90) Trauma, other than mechanical		(2) Left
(1) Whole Area	<u>Head - LOC</u>	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.	(3) Bilateral
(2) Vessels	(02) Length of LOC		(4) Central
(3) Nerves	(04, 06, 08) Level of Consciousness		(5) Anterior
(4) Organs (includes muscles/ ligaments)	(10) Concussion		(6) Posterior
(5) Skeletal (includes joints)			(7) Superior
(6) Head - LOC			(8) Inferior
(9) Skin			(9) Unknown
			(0) Whole region

INJURY SOURCE

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

Restrained?

No

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.)

Yes

Blood Alcohol Level
(mg/dl)

BAL = 0

Glasgow Coma
Scale Score

GCSS = 15

Units of Blood
Given

Units = 0

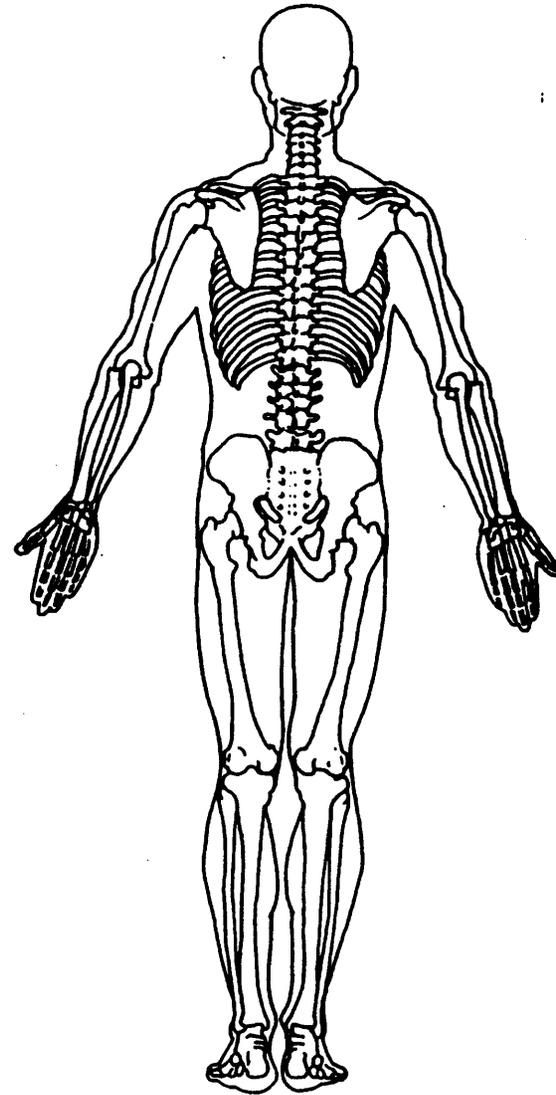
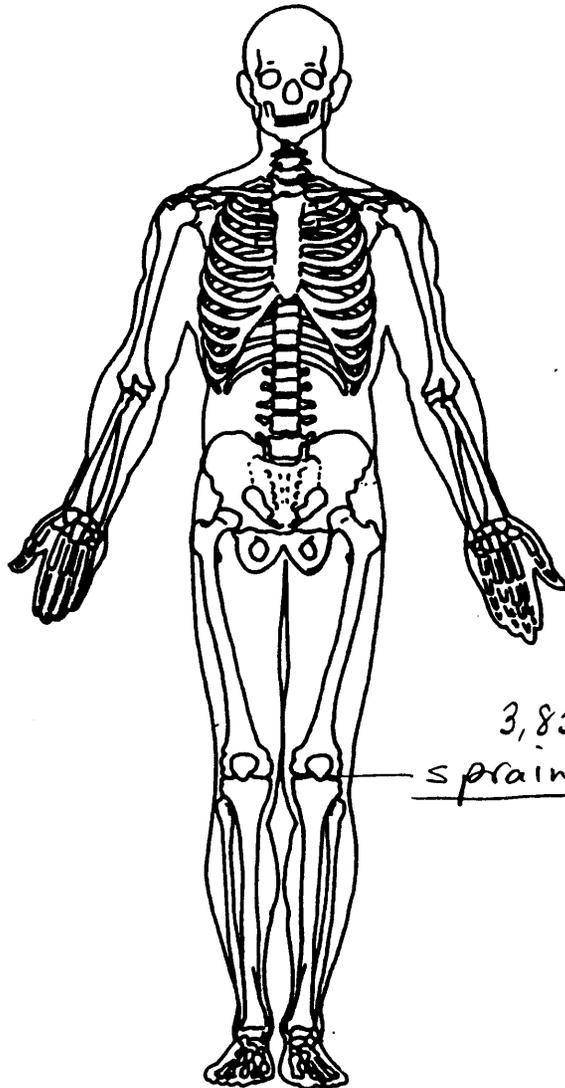
Arterial Blood Gases

Ph =

PO₂ =

PCO₂ =

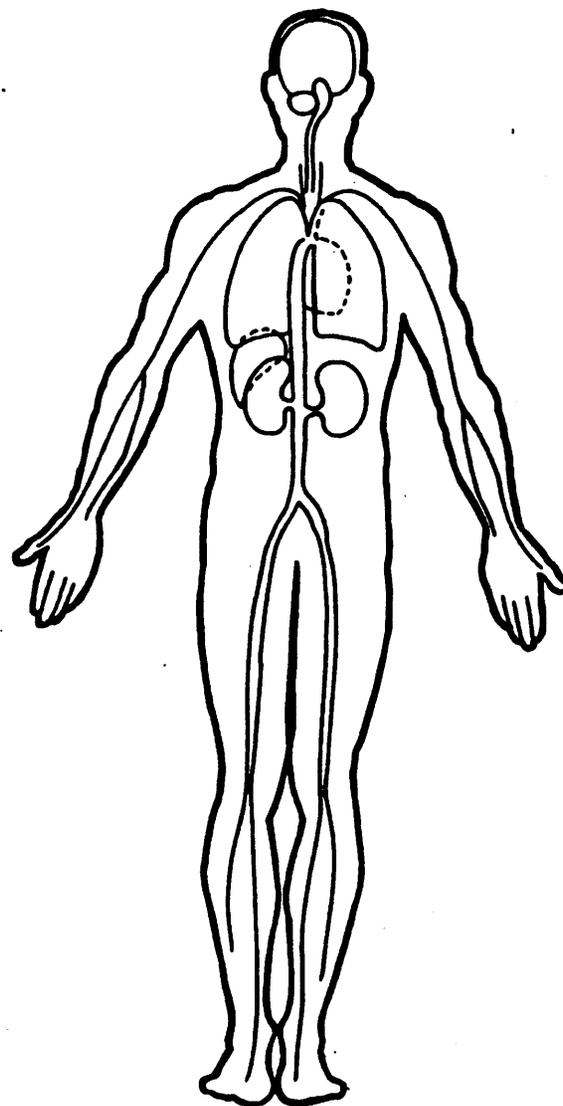
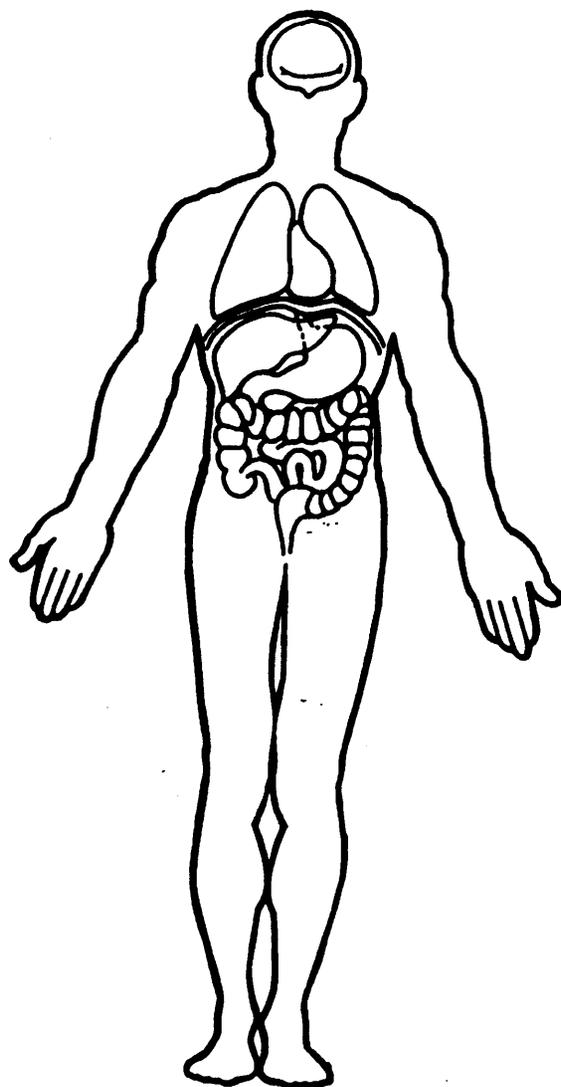
HCO₃ =



3,850826.2,2
sprain (L) knee

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.)





OFFICIAL RECORDS

1. Primary Sampling Unit Number 90
 2. Case Number - Stratum 6 0 9 P
 3. Vehicle Number 1 0 1

VEHICLE IDENTIFICATION

4. Vehicle Model Year 95
 Code the last two digits of the model year
 (99) Unknown

5. Vehicle Make (specify): 38
ISUZU
 Applicable codes are found in your
 NASS PCDS Data Collection, Coding and
 Editing Manual.
 (99) Unknown

6. Vehicle Model (specify): 471
498
N 95 (Pick-up)
 Applicable codes are found in your
 NASS PCDS Data Collection, Coding and
 Editing Manual.
 (999) Unknown

7. Body Type 30
30
 Note: Applicable codes may be found on
 the back of this page.

8. Vehicle Identification Number
5 A A C L 1 1 L 6 S 7 
 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

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

00 mph X 1.6093 = 000 kmph

10. Speed Limit 056

(000) No statutory limit
 Code posted or statutory speed limit
 in kmph
 (999) Unknown

35 mph X 1.6093 = 056 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'S

13. Police Reported Other Drug Presence For Driver 0

(0) No other drug(s) present
 (1) Yes other drug(s) present
 (7) Not reported
 (8) No driver present
 (9) Unknown

14. Other Drug Specimen Test Result For Driver 0

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

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

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

Automobile Derivatives

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

Utility Vehicles ($\leq 4,500$ kgs GVWR)

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

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

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

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

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

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

Other Light Trucks ($\leq 4,500$ kgs GVWR)

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

OTHER VEHICLES

Buses (Excludes Van Based)

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

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

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

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

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

Other Vehicles

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

VEHICLE WEIGHT ITEMS

15. Vehicle Curb Weight

Code weight to nearest
10 kilograms.

(045) Less than 450 kilograms

(610) 6,100 kilograms or more

(999) Unknown

2885 lbs X .4536 = 1309 kgs

Source: 

16. Vehicle Cargo Weight

Code weight to nearest
10 kilograms.

(000) Less than 5 kilograms

(450) 4,500 kilograms or more

(999) Unknown

00000 lbs X .4536 = 0000 kgs

OTHER DATA

17. Vehicle Special Use (This Trip)

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify): _____

(9) Unknown

RECONSTRUCTION DATA

18. Impact Speed

Nearest kmph

(NOTE: 000 means greater than .5 kmph)

(160) 159.5 kmph and above

(999) Unknown

19. Accuracy Range of Impact Speed Estimate

(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

(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

(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

(Prior to Recognition of Critical Event)

(01) Going straight

(02) Slowing or stopping in traffic lane

(03) Starting in traffic lane

(04) Stopped in traffic lane

(05) Passing or overtaking another vehicle

(06) Disabled or parked in travel lane

(07) Leaving a parking position

(08) Entering a parking position

(09) Turning right

(10) Turning left

(11) Making a U-turn

(12) Backing up (other than for parking position)

(13) Negotiating a curve

(14) Changing lanes

(15) Merging

(16) Successful avoidance maneuver to a previous critical event

(97) Other (specify): _____

(98) No driver present

(99) Unknown

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

23. Critical Precrash Event

80*This Vehicle Loss of Control Due To:*

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

- (09) Unknown cause of control loss

This Vehicle Traveling

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

Other Motor Vehicle In Lane

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

Other Motor Vehicle Encroaching Into Lane

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

Pedestrian or Pedalcyclist, or Other Nonmotorist

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

- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

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

- (99) Unknown

24. Attempted Avoidance Maneuver

- (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

- (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)

- (0) No driver present
- (1) No avoidance maneuver
- (2) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (4) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (5) Vehicle departed roadway
- (6) Avoidance maneuver initiated off roadway
- (9) Directional consequences unknown

ENVIRONMENTAL DATA

27. Relation to Junction 0

- (0) Non-junction
(1) Interchange area

Non-Interchange

- (2) Intersection
(3) Intersection-related
(4) Drive, alley access related
(5) Other non-interchange (specify):

- (6) _____
(9) Unknown type of non-interchange
(9) Unknown if interchange

28. Trafficway Flow 1

- (1) Not physically divided (two way traffic)
(2) Divided trafficway - median strip without positive barrier
(3) Divided trafficway - median strip with positive barrier
(4) One way trafficway
(9) Unknown

29. Number of Travel Lanes 2

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

30. Roadway Alignment 1

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

31. Roadway Profile 1

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

32. Roadway Surface Type 2

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

33. Roadway Surface Condition 1

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

34. Traffic Control Device 0 X

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

Regulatory or School Zone Sign (Not RR Crossing)

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

35. Traffic Control Device Functioning 0

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

36. Light Conditions 3

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

37. Atmospheric Conditions 1

- (1) No adverse atmospheric related driving conditions
(2) Rain
(3) Sleet
(4) Snow
(5) Fog
(6) Rain and fog
(7) Sleet and fog
(8) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown

90-609

96

$$POI \text{ to FRP} = 9.5\text{m} = 31.2 \text{ ft} = S$$

$$PR \text{ time} = 1.25 \text{ s} = t$$

$$f = 0.65$$

$$S = vt + \frac{v^2}{2fg}$$

$$31.2 = 1.25v + \frac{v^2}{2fg} \quad 0.0239v^2$$

$$0.0239v^2 + 1.25v - 31.2 = 0$$

$$A = 0.0239$$

$$B = 1.25$$

$$C = -31.2$$

$$v = \frac{-b \pm \sqrt{(1.25)^2 - (4)(0.0239)(-31.2)}}{(2)(0.0239)}$$

$$= 14 \text{ fps} = 12.5 \text{ mph} = 20 \text{ KPH}$$



1. Primary Sampling Unit Number	<u>90</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>609P</u>		

VEHICLE IDENTIFICATION

VIN JAAEL11L657 ~~XXXXXXXXXX~~ Model Year 95
 Vehicle Make (specify): ISUZU Vehicle Model (specify): N-95

PEDESTRIAN FRONT CONTACT WORK SHEET

PEV06 Hood Material	<u>STEEL</u>
PEV08 Hood Length	<u>095</u> cm ✓
PEV09 Hood Width-Forward Opening	<u>138</u> cm ✓
PEV10 Hood Width-Midway	<u>141</u> cm ✓
PEV11 Hood Width-Rear Opening	<u>143</u> cm ✓
PEV14 Front Bumper Cover Material	<u>STEEL</u>
PEV15 Front Bumper Reinforcement Material	<u>STEEL</u>

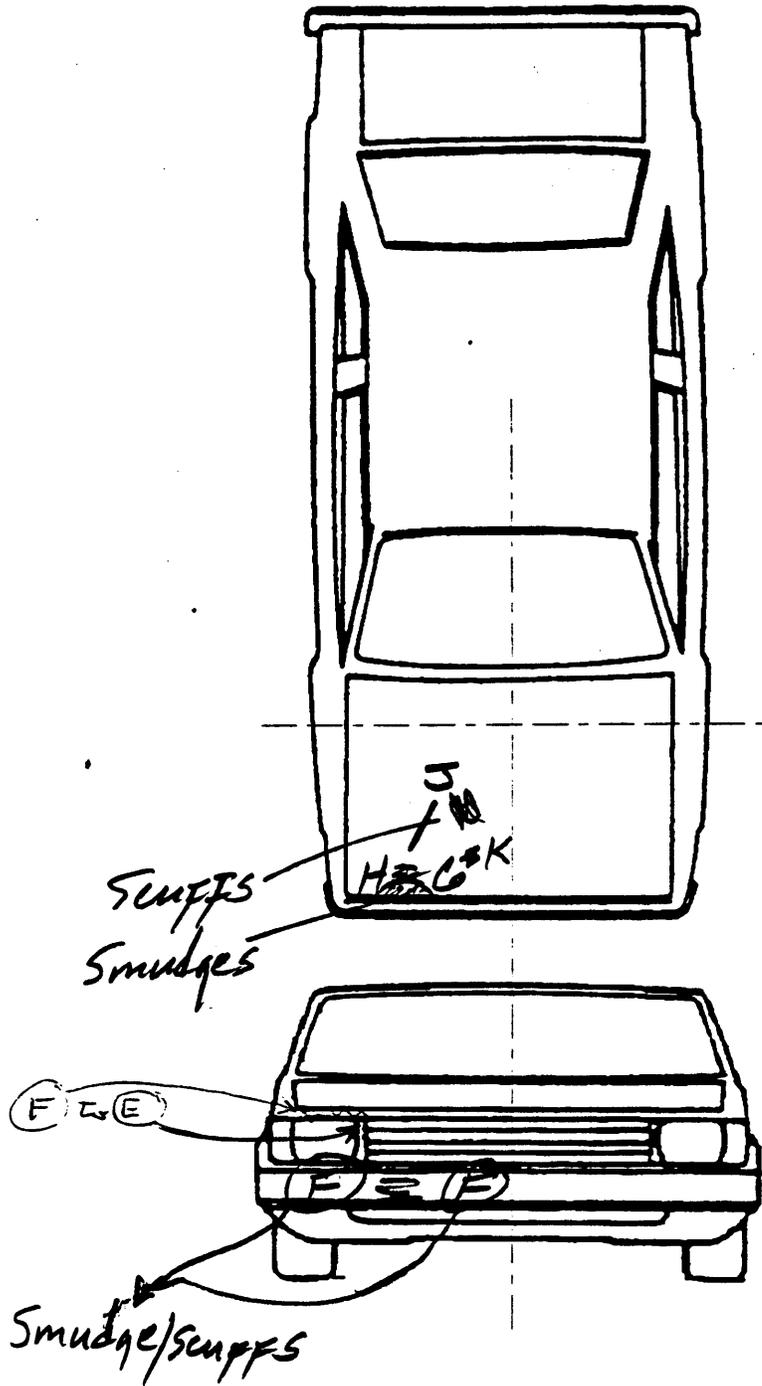
VERTICAL MEASUREMENTS

PEV16 Front Bumper-Bottom Height	<u>035</u>	<u>050</u>	cm
PEV17 Front Bumper-Top Height		<u>055</u>	cm ✓
PEV18 Forward Hood Opening	<u>105</u>	<u>138</u>	cm
PEV19 Front Bumper Lead		<u>008</u>	cm ✓

WRAP DISTANCES

PEV20 Ground to Forward Hood Opening		<u>081</u>	cm ✓
PEV21 Ground to Front/Top Transition Point		<u>090</u>	cm ✓
PEV22 Ground to Rear Hood Opening	<u>181</u>	<u>105</u>	cm
PEV23 Ground to Base of Windshield	<u>190</u>	<u>106</u>	cm
PEV24 Ground to Top of Windshield	<u>260</u>	<u>152</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 axles (longitudinal) in centimeters. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.).

Location of the origin (intercept point of the centerline and the front axes) from the ground: 149 cm ✓

PEDESTRIAN SIDE CONTACT WORK SHEET

PEV06 Hood Material	_____	
PEV08 Hood Length	_____	cm
PEV09 Hood Width-Forward Opening	_____	cm
PEV10 Hood Width-Midway	_____	cm
PEV11 Hood Width-Rear Opening	_____	cm

VERTICAL MEASUREMENTS

PEV26 Ground Clearance	_____	cm
PEV27 Side Bumper-Bottom Height	_____	cm
PEV28 Side Bumper-Top Height	_____	cm
PEV29 Centerline of Wheel	_____	cm
PEV30 Top of Tire	_____	cm
PEV31 Top of Wheel Well Opening	_____	cm
PEV32 Bottom of A-Pillar at Windshield	_____	cm
PEV33 Top of A-Pillar at Windshield	_____	cm
PEV34 Top of Side View Mirror	_____	cm

LATERAL MEASUREMENTS

PEV35 C _L to A-Pillar at Bottom of Windshield	_____	cm
PEV36 C _L to A-Pillar at Top of Windshield	_____	cm
PEV37 C _L to Maximum Side View Mirror Protrusion	_____	cm

WRAP DISTANCES

PEV38 Ground to Side/Top Transition	_____	cm
PEV39 Ground to Hood Edge	_____	cm
PEV40 Ground to Centerline of Hood (ORIGIN)	_____	cm
PEV41 Ground to Head Contact	_____	cm

ORIGINAL SPECIFICATIONS

Wheelbase	✓ <u>105.6</u>	inches x 2.54 =	<u>268</u> cm ✓
Overall Length	177.3 + 93.9	inches x 2.54 =	492 cm 450
Maximum Width	<u>066.6</u>	inches x 2.54 =	<u>169</u> cm ✓
Curb Weight	2885 02855	pounds x .4536 =	1295 kg 1309
Average Track	<u>N/A</u>	inches x 2.54 =	<u>N/A</u> cm
Front Overhang	<u>028.7</u>	inches x 2.54 =	<u>073</u> cm
Rear Overhang	<u>452.7</u>	inches x 2.54 =	<u>115</u> cm
Undeformed End Width	<u>N/A</u>	inches x 2.54 =	<u>N/A</u> cm
Engine Size: cyl./displ.	<u>2300</u>	cc x .001 =	<u>2.3</u> L
	— — —	CID x .0164 =	— — — L

W, + = 2785 lbs
 Fluids +100
2885

INJURY SOURCE

FRONT

- 700 Front bumper
- 701 Front lower valance/spoiler
- 702 Front grille
- 703 Hood edge and/or trim
- 704 Hood ornament (fixed)
- 705 Hood ornament (spring loaded)
- 706 Headlight
- 707 Retractable headlight door (Open/Closed)
- 708 Turn signal/parking lights
- 718 Other front or add on object (specify): _____
- 719 Unknown front object

Left Side Components

- 720 Front fender side surface
- 721 Front antenna
- 722 A1 pillar
- 723 A2 pillar
- 724 B pillar
- 725 C pillar
- 726 D pillar
- 728 Other pillar (specify): _____
- 729 Left side roof rail
- 730 Left side door surface
- 731 Left side door handle
- 732 Left side mirror fixed housing
- 733 Left side folding mirror
- 734 Left side glazing forward of B pillar
- 735 Left side glazing rearward of B pillar
- 736 Left side back fender or quarter panel
- 737 Rear antenna
- 738 Other left side object (specify): _____
- 739 Unknown left side component

Right Side Components

- 740 Front fender side surface
- 741 Front antenna
- 742 A1 pillar
- 743 A2 pillar

- 744 B pillar
- 745 C pillar
- 746 D pillar
- 748 Other pillar (specify): _____
- 749 Right side roof rail
- 750 Right side door surface
- 751 Right side door handle
- 752 Right side mirror fixed housing
- 753 Right side folding mirror
- 754 Right side glazing forward of B pillar
- 755 Right side glazing rearward of B pillar
- 756 Rear antenna
- 757 Rear fender or quarter panel
- 758 Other right side object (specify): _____
- 759 Unknown right side component

Back Components

- 760 Rear (back) bumper
- 761 Tailgate
- 762 Hatchback, vertical surface
- 768 Other back component (specify): _____
- 769 Unknown back component

Top Components

- 770 Hood surface
- 771 Hood surface reinforced by under hood component
- 772 Front fender top surface
- 773 Cowl area
- 774 Wiper blade & mountings
- 775 Windshield glazing
- 776 Front header
- 777 Roof surface
- 778 Backlight glazing
- 779 Rear header
- 780 Hatchback
- 781 Rear trunk lid
- 788 Other top component (specify): _____
- 789 Unknown top component

Wheels / tires

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

Undercarriage components

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

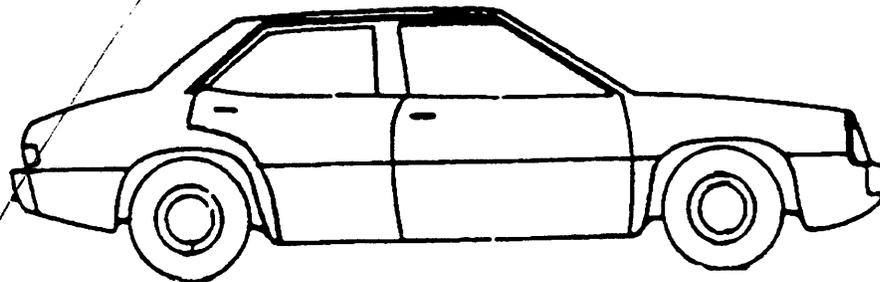
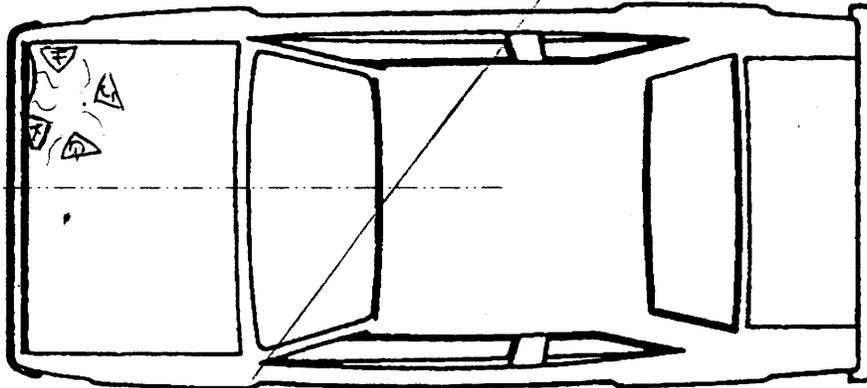
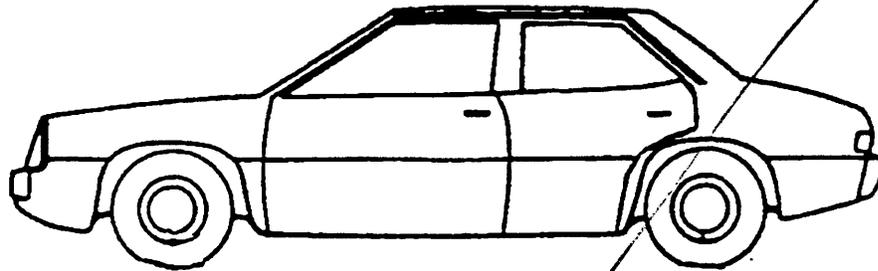
Accessories

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

Other Object or Vehicle in Environment

- 947 Ground
- 948 Other object (specify): _____
- 949 Unknown object in environment
- 959 Unknown object on contacting vehicle
- 997 Noncontact injury source
- 999 Unknown injury source

VEHICLE DAMAGE SKETCH



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

Location of the origin (intercept point of the centerline and the front axles) from the ground: 149 cm

POINTS OF PEDESTRIAN CONTACT

PEDESTRIAN CONTACT WORKSHEET

CONTACT ID LABEL	COMPONENT CONTACTED	LONGITUDINAL LOCATION (X)	LATERAL LOCATION (Y)	CRUSH IN CENTIMETERS	SUSPECTED BODY REGION	SUPPORTING PHYSICAL EVIDENCE	CONFIDENCE LEVEL OF CONTACT POINT (Circle)	SEQUENCE #	
E	Hood Edge	-85	54	1	HIP	dent	① 2 3 9	1	
F	Hood	-85	54	0	BACK	dent	① 2 3 9	2	
H	Hood	100	56	0	SHOULDER	Smears Smudges	① 2 3 9	3	
G	Hood	100	56	0	ARM	Smears Smudges	① 2 3 9	4	
J	Hood	100	33	0	BACK	Smears STRACHES	① 2 3 9	5	
K	Hood	100	33	0	HAND	Smears	① 2 3 9	6	
H	Hood	100	40	0	SHOULDER	Smudges	① 2 3 9	7	
G	Hood	100	40	0	ARM	Smudges	① 2 3 9	8	
							1 2 3 9		
							1 2 3 9		
		↓ longitudinal measurements taken from ground up						1 2 3 9	
							1 2 3 9		
							1 2 3 9		
Below are the case reviewers meas. of contacts From The Origin							1 2 3 9		
							1 2 3 9		
E	Edge of Hood	+63	+54	1			① 2 3 9	①	
F	Edge of Hood	+58	+70	1			① 2 3 9	①	
G	Hood	+35	+20	0			① 2 3 9	②	
H	Hood	+40	+65	0			① 2 3 9		
J	Hood	+30	+35	0			① 2 3 9		
K	Hood	+60	+35	0			① 2 3 9		
							1 2 3 9		
							1 2 3 9		
							1 2 3 9		
							1 2 3 9		
							1 2 3 9		

to 1 id point

VEHICLE DIMENSIONS

4. Original Wheelbase 303
 Code to the nearest centimeter 268

(999) Unknown
~~119.2~~ ^{105.6} inches X 2.54 = 303 centimeters

5. Original Average Track Width 999
 Code to the nearest centimeter

(185) 185 centimeters or more
 (999) Unknown
000.0 inches X 2.54 = 000 centimeters

6. Hood Material 3

- (1) Plastic
- (2) Fiberglass
- (3) Steel
- (4) Aluminum
- (5) Stainless Steel
- (8) Other (specify): _____
- (9) Unknown

7. Hood Original 1

- Equipment Manufacturer (OEM)
- (1) OEM factory installed hood
 - (2) OEM replacement
 - (3) Non-OEM replacement
 - (9) Unknown

8. Hood Length 095

Code to the nearest centimeter
 (180) 180 centimeters or more
 (999) Unknown
037.4 inches X 2.54 = 095 centimeter

9. Hood Width Forward Opening 138

Code to the nearest centimeter
 (210) 210 centimeters or more
 (999) Unknown
054.3 inches X 2.54 = 054 centimeters

10. Hood Width Midway 141

Code to the nearest centimeter
 (210) 210 centimeters or more
 (999) Unknown
055.5 inches X 2.54 = 141 centimeters

11. Hood Width Rear Opening 143

Code to the nearest centimeter
 (210) 210 centimeters or more
 (999) Unknown
056.2 inches X 2.54 = 143 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 1

- (0) No front contact
- (1) Plastic
- (2) Fiberglass
- (3) Rubber
- (4) Other (specify): _____
- (9) Unknown

15. Front Bumper Reinforcement Material 1

- (0) No front contact
- (1) Steel
- (2) Aluminum
- (3) Stainless Steel
- (4) Other (specify): _____
- (9) Unknown

16. Front Bumper-Bottom Height 035

Code to the nearest centimeter
 (000) No front contact
 (150) 150 centimeters or more
 (999) Unknown
013.7 inches X 2.54 = 035 centimeters

17. Front Bumper-Top Height 055
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (150) 150 centimeters or more
 (999) Unknown

021.6 inches X 2.54 = 055 centimeters

18. Forward Hood Opening 080
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (200) 200 centimeters or more
 (999) Unknown

031.4 inches X 2.54 = 080 centimeters

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

003.1 inches X 2.54 = 008 centimeters

23. Ground to Base of Windshield 194
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (400) 400 centimeters or more
 (999) Unknown

076.3 inches X 2.54 = 194 centimeters

24. Ground to Top of Windshield 252
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (500) 500 centimeters or more
 (999) Unknown

099.2 inches X 2.54 = 252 centimeters

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

000.0 inches X 2.54 = 000 centimeters

Front Wrap Distance Measurements

20. Ground to Forward Hood Opening 080
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (200) 200 centimeters or more
 (999) Unknown

031.4 inches X 2.54 = 080 centimeters

21. Ground to Front/Top Transition Point 084
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (180) 180 centimeters or more
 (999) Unknown

033.0 inches X 2.54 = 084 centimeters

22. Ground to Rear Hood Opening 105
 _____ Code to the
 nearest centimeter
 (000) No front contact
 (400) 400 centimeters or more
 (999) Unknown

041.3 inches X 2.54 = 105 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

000.0 inches X 2.54 = 000 centimeters

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

000.0 inches X 2.54 = 000 centimeters

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

000.0 inches X 2.54 = 000 centimeters

29. Centerline of Wheel 000Code to the
nearest centimeter

- (000) No side contact
-
- (150) 150 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeters30. Top of Tire 000Code to the
nearest centimeter

- (000) No side contact
-
- (200) 200 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeters31. Top of Wheel Well Opening 000Code to the
nearest centimeter

- (000) No side contact
-
- (250) 250 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeters32. Bottom of A-Pillar at Windshield 000Code to the
nearest centimeter

- (000) No side contact
-
- (250) 250 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeters33. Top of A-Pillar at Windshield 000Code to the
nearest centimeter

- (000) No side contact
-
- (300) 300 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = _____ centimeters34. Top of Side View Mirror 000Code to the
nearest centimeter

- (000) No side contact
-
- (300) 300 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeters

Side Lateral Measurements

35. Centerline to A-Pillar
at Bottom of Windshield 000Code to the
nearest centimeter

- (250) 250 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeters36. Centerline to A-Pillar
at Top of Windshield 000Code to the
nearest centimeter

- (000) No side contact
-
- (250) 250 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeter37. Centerline to Maximum Side
View Mirror Protrusion 000Code to the
nearest centimeter

- (000) No side contact
-
- (300) 300 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeter

Side Wrap Distance Measurements

38. Ground to Side/Top Transition 000Code to the
nearest centimeter

- (000) No side contact
-
- (400) 400 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeters39. Ground to Hood Edge 000Code to the
nearest centimeter

- (000) No side contact
-
- (500) 500 centimeters or more
-
- (999) Unknown

000.0 inches X 2.54 = 000 centimeters

40. Ground to Centerline of Hood

000Code to the
nearest centimeter

(000) No side contact

(700) 700 centimeters or more

(999) Unknown

000.0 inches X 2.54 = 000 centimeters

41. Ground to Head Contact

000Code to the
nearest centimeter

(000) No side contact

(800) 800 centimeters or more

(998) No head contact

(999) Unknown

000.0 inches X 2.54 = 000 centimeters



PEDESTRIAN INTERVIEW FORM

1. Primary Sampling Unit Number <u> 9 </u> <u> 0 </u>	Interviewee(s) Role or Name(s): _____
2. Case Number - Stratum <u> 6 </u> <u> 0 </u> <u> 9 </u> <u> P </u>	<u> Pedestrian (Refused Inter- view.) </u>
3. Pedestrian Number <u> 0 </u> <u> 1 </u>	_____

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

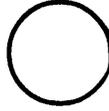
If the pedestrian was not the person interviewed, was an appointment made for a follow-up interview?

PEDESTRIAN'S DESCRIPTION OF ACCIDENT EVENTS

AFTER SEVERAL TELEPHONE CALLS AND LETTERS
MAILED TO PEDESTRIAN, REFUSED INTERVIEW AND FAILED
TO RETURN PEDESTRIAN INTERVIEW FORM TO
RESEARCHER.

WITNESS DESCRIPTION OF ACCIDENT EVENTS

ACCIDENT DIAGRAM



INDICATE NORTH

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

PSU NUMBER
CASE NUMBER
YEAR

90
609D
1995

PEDESTRIAN INTERVIEW FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

PAGE NUMBER (S) 2

1. Primary Sampling Unit Number

90

3. Pedestrian Number

01

2. Case Number - Stratum

609P

PEDESTRIAN PRE-CRASH DATA QUESTIONS

1. Did the driver of the vehicle which hit you lose control of the vehicle and collide with you before regaining control?

 No Yes, explain: _____

2. Did the driver take any avoidance actions prior to the collision (with you)?

 No - Go to question 3 Yes- Go to question 2a.

2a. What actions did the driver take?

 Braking with lock-up Braking without lock-up Releasing brakes Accelerating Steering left Steering right Other (specify): _____

2b. Did the vehicle skid sideways?

 No Yes- which way Clockwise Counter clockwise

How much rotation

 Less than 30° 30° or more

3. Before the collision, was the driver attentive to the driving task or was the driver distracted by:

 Another person in the vehicle A moving object in the vehicle Something outside the vehicle

(specify): _____

 Cellular phone or CB, specify: _____ Sleeping or dozing Other (specify): _____ Not distracted

4. Can you estimate the speed of the vehicle at the time of the collision?

 Stopped 1-10 10-20 20-30 30-40 40-50 50-50 60-70 70+

5. Just prior to the impact, were you:

 Standing/Walking/Running Crouching Kneeling Bending at the waist Other (specify): _____

6. Just before the impact, were you:

 Stopped Walking Walking Rapidly Running or Jogging Hopping Skipping Jumping Falling or Rising Other (specify): _____

7. Just before the impact, were you:

 Crossing road, straight Crossing road, diagonally Moving in road, with traffic Moving in road, against traffic Off road, approaching road Off road, going away from road Off road, moving parallel Off road, crossing driveway Off road, moving along driveway Other (specify): _____

8. Before trying to avoid being struck by the vehicle, was your chest:

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

9. Did you do anything to avoid being hit, like:

 Stopping Accelerating pace Running away (along vehicle path) Jumping Turning toward the vehicle Turning away from the vehicle Diving or Falling away

Using hands to:

 Vault corner of vehicle Vault onto vehicle Brace against vehicle Crouch and brace hands against vehicle Combination of above (specify): _____ Other (specify): _____ No

10. What portion of the vehicle first struck you?

 The front Corner, or Side

1. Primary Sampling Unit Number 90
 2. Case Number - Stratum 6 29 P

3. Pedestrian Number 01

PEDESTRIAN CRASH DATA QUESTIONS

PEDESTRIAN CHARACTERISTICS

11. When struck by the vehicle, was your chest:
 Facing vehicle
 Facing away
 Left side to vehicle
 Right side to vehicle
 Other (specify): _____
12. Which way was your head facing (relative to your chest) at impact?
 To front
 To left
 To right
 Up
 Down
 Other (specify): _____
13. Where were your arms at impact? Would you say:
 At sides
 Folded across chest
 Hands clasped behind back
 Hands on hips
 Hands in pockets
- One or both arms:
 Extended upward
 Extended to side
 Extended forward, bracing
 Extended forward or backward holding or pulling object.
 Holding object in arms
 Holding object on shoulder or head
 Other (specify): _____
14. Where were your legs at impact? Were they:
 Together
 Apart, laterally
 Apart, left leg forward
 Apart, right leg forward
 Apart, forward leg unknown
 Left foot off the ground
 Right foot off the ground
 Both feet off the ground
 Other (specify): _____
15. What happened to you after being hit by the vehicle?

16. Height, Weight, Age, and Sex?
 Height _____
 Weight _____
 Age _____
- Sex:
 Male
 Female
17. What kind of shoes were you wearing?

18. Could you tell me your following measurements without shoes?
 _____ Ground to center of knee cap
 _____ Ground to top of hip bone
 _____ Ground to top of shoulder
19. Type/Color of clothing worn?

20. Was an object carried or worn?
 (specify): _____

Go to Pedestrian Injury Data questions

1. Primary Sampling Unit Number

90

3. Pedestrian Number

01

2. Case Number - Stratum

609P

PEDESTRIAN INJURY DATA

1. Were you injured?

- No - Go to question 8
 Yes

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

- No - Go to question 3
 Yes - Record exact locations, sizes, and descriptions on the manikin(s), and then go to question 2a.

2a. Do you know what caused these injuries?

- No - Go to question 3
 Yes - Specify injury sources, striking profile, type of damage, and damage depth on the manikin(s).

3. Did you experience any broken bones?

- No - Go to question 4
 Yes - Record the exact locations, and type of fractures on the manikin(s), and then go to question 3a.

3a. Do you know what caused the injury(s)?

- No - Go to question 4
 Yes - Specify injury sources, striking profile, type of damage, and damage depth on the manikin(s).

4. Did you injure your head?

- No - Go to question 5
 Yes - Record the type of injury(s) on the manikins, and then go to question 4a.

4a. Do you know what caused the injury?

- No
 Yes - specify the injury sources, striking profile, type of damage, and damage depth on the manikin(s).

5. Were any of your internal organs injured?

- No - Go to question 6
 Yes - Thoroughly describe the type of injury(s) and specify the internal organs(s) injured on the manikin(s), and then go to question 5a.

5a. Do you know what caused the injury(s)?

- No
 Yes - specify injury sources, striking profile, type of damage, and damage depth on the manikin(s).

6. Did you receive any joint sprains or muscle strains?

- No - Go to question 7
 Yes - specify injury(s) on manikin(s), and then go to question 6a.

6a. Do you know what caused the injuries?

- No
 Yes - specify injury sources, striking profile, type of damage, and damage depth on the manikin(s).

7. Did you receive any treatment?

- No (If "No", go to question 8)
 Yes (If "Yes", go to question 7a or return to question 2.)

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

- Hospital/trauma center? (specify hospital name):

 Medical clinic
 Out patient surgery?
 Specify: (medical facility): _____
 Paramedics or first aid at the scene?
 A doctor in his/her office?
 Treated at home?
 None of the above, go to question 8.

7b. Were you treated and released from the emergency room?

- No (If "No", go to question 7c.)
 Yes (If "Yes", go to question 7e.)

7c. Were you hospitalized?

- No (If "No", give an explanation)
 Yes (If "Yes", go to question 7d.)
- _____
- _____

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

7e. Have you received any follow-up treatment?

- No
 Yes (If "Yes", describe:)
- _____
- _____

 Unknown

7f. In order to achieve the best possible scientific data regarding your injury(s), we need to obtain a copy of your medical reports. Would you sign a medical release form?

- No
 Yes (If "Yes", mail or present the form for signature.)

8. Have you lost any days from work or school (college)?

- No
 Yes (If "Yes", determine the number of days lost) (Specify:)

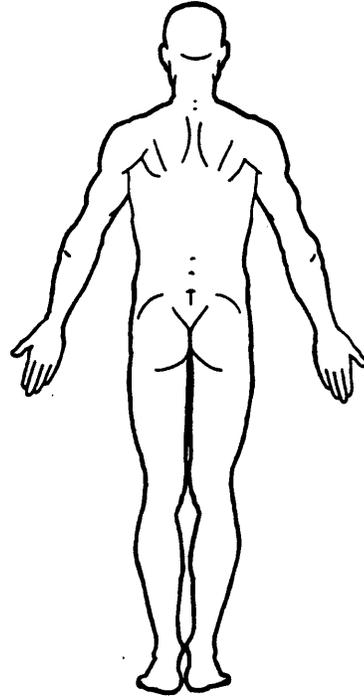
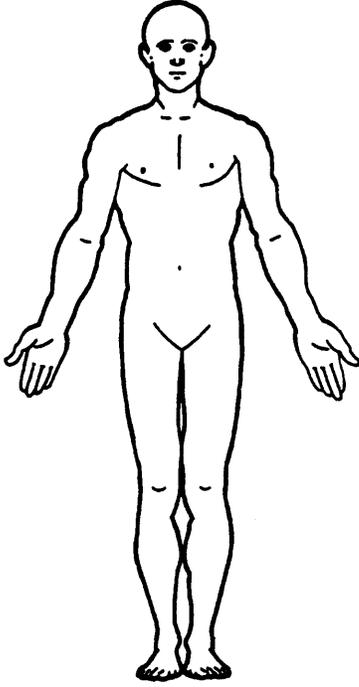
 Not working prior to the accident
 Unknown

PSU Number 90 Case Number—Stratum 609 P Pedestrian Number 01

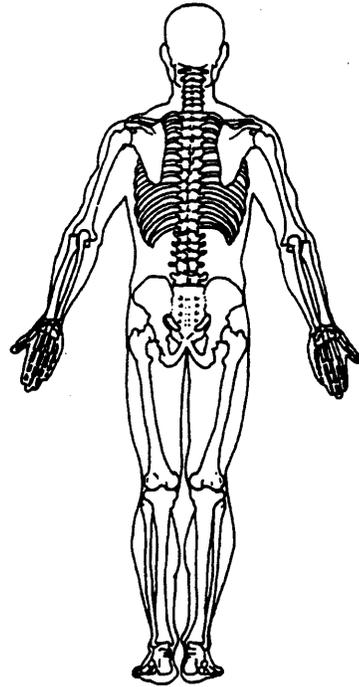
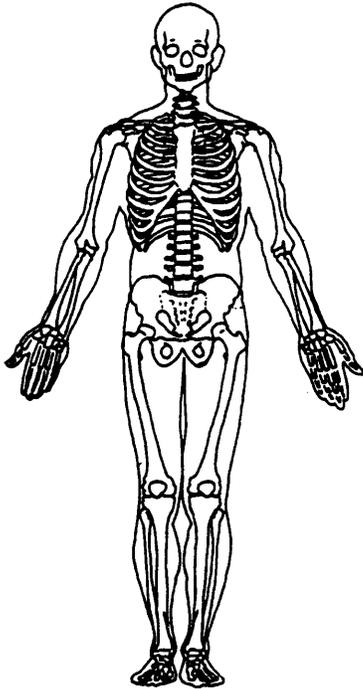
PEDESTRIAN INJURY DATA FROM INTERVIEWEE(S)

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

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES





DRIVER INTERVIEW FORM

1. Primary Sampling Unit Number	<u>90</u>	Interviewee(s) Role or Name(s): <u>Driver Interview</u>
2. Case Number - Stratum	<u>609P</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.

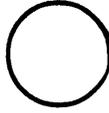
If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was coming from a friends home and I turned the corner to the left when I observed two people walking in the middle of the roadway. I moved to my left and the female pedestrian moved to her right and the front right of my vehicle struck her. The pedestrian fell to the ground in a sitting position. I stopped right away. The pedestrian had a cut on the bridge of her nose. At time of this accident it was dark

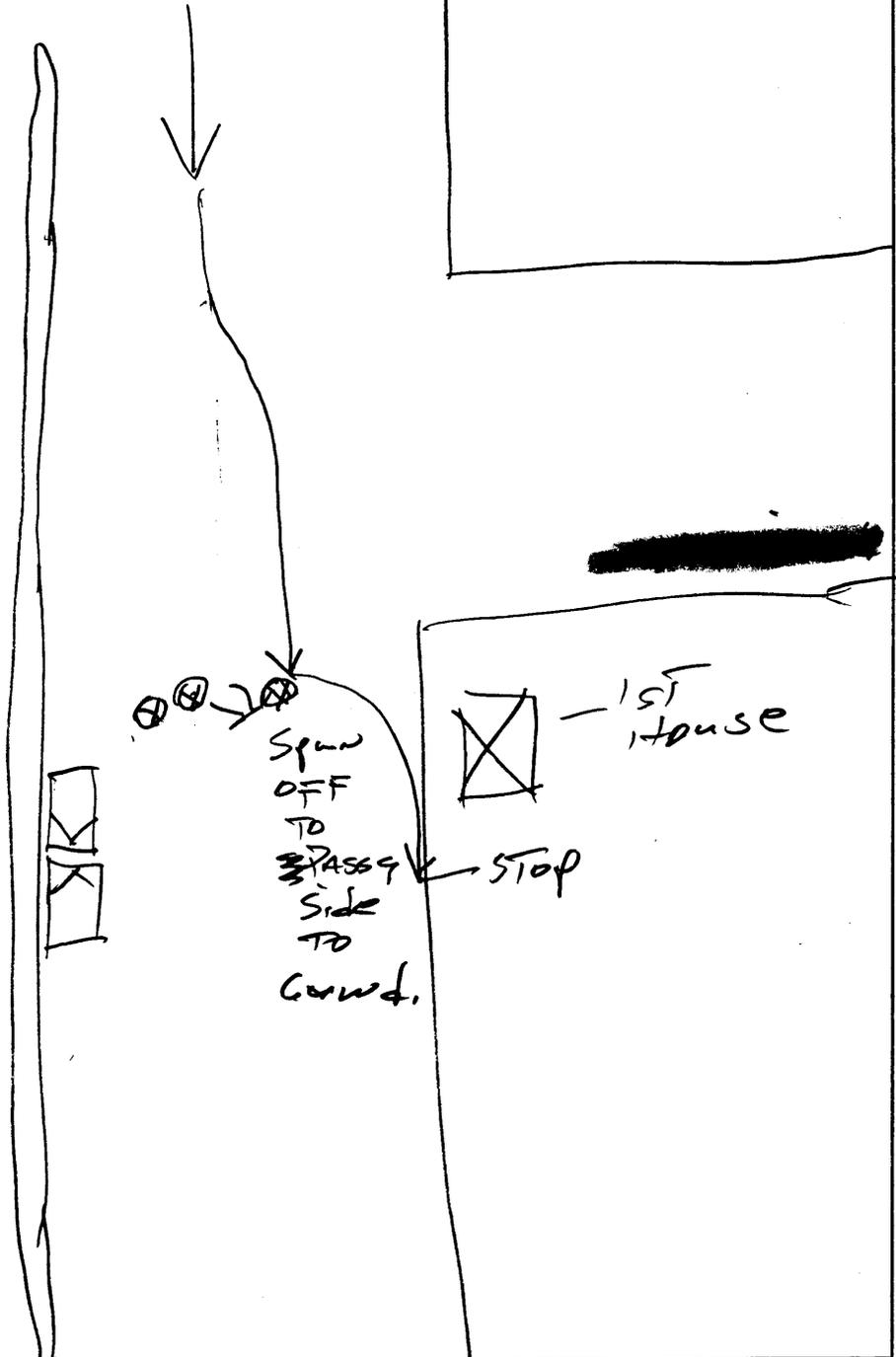
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

ACCIDENT DIAGRAM



INDICATE NORTH

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



1. Primary Sampling Unit Number

90

3. Vehicle Number

0 1

2. Case Number - Stratum

6 0 9 P

4. Occupant Number

0 1

DRIVER CRASH DATA QUESTIONS

1. Can you tell me in which direction you were traveling? North South East West NRK(Optional - Where were you coming from or going to?)
_____2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

 [1] [2] [3] [4] Other (specify):
_____3. Can you remember your estimated travel speed (in miles per hour) before the accident? Stopped 1-10 10-20
 20-30 30-40 40-50
 50-60 60-70 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

 Going straight Stopped
 slowing Accelerating
 Turning left Turning right Changing lanes to left Changing lanes to right Backing
 Other (specify): Go Around Ped.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 6a6a. 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
 Unknown8a. 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?Pulled off / Stopped

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



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): Off To Left

1. Primary Sampling Unit Number

90

3. Vehicle Number

01

2. Case Number - Stratum

609P

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)

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:Private Veh

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?

work

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: walking

19. Just before the impact, was the pedestrian:

 Stopped Walking Walking Rapidly Running or Jogging Hopping Skipping Jumping Falling or Rising Other (specify): staggering

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): middle of Road

22. Before trying to avoid being struck by the vehicle, was the pedestrian's chest:

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

1. Primary Sampling Unit Number

90

3. Vehicle Number

01

2. Case Number - Stratum

609P

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 RASSA - 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): None

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?

FELL TO GROUND,
UNTIL EMS
SCENE

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

- Yes- How many? _____
 continue collecting information (questions 24 through 34 above) for each additional pedestrian contacted.

 No- End Driver Interview

