

HS-433A	Occupant Assessment Form
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U.S. Department of Transportation
 National Highway Traffic Safety
 Administration

OCCUPANT ASSESSMENT FORM

Form Approved
 O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
 CRASHWORTHINESS DATA SYSTEM

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

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age _____
 Code actual age at time of accident.
 (00) Less than one year old (specify by month):

 (97) 97 years and older
 (99) Unknown
6. Occupant's Sex _____
 (1) Male
 (2) Female-not reported pregnant
 (3) Female-pregnant-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
7. Occupant's Height _____
 Code actual height to the nearest
 centimeter.
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters
8. Occupant's Weight _____
 Code actual weight to the nearest
 kilogram.
 (999) Unknown
 _____ pounds X .4536 = _____ kilograms
9. Occupant's Role _____
 (1) Driver
 (2) Passenger
 (9) Unknown

OCCUPANT'S SEATING

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

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

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

Fourth Seat
 (41) Left side
 (42) Middle
 (43) Right side
 (44) Other (specify): _____
 (45) On or in the lap of another occupant

 (97) In or on unenclosed area
 (98) Other seat (specify): _____
 (99) Unknown
11. Occupant's Posture _____
 (0) Normal posture

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

EJECTION/ENTRAPMENT

12. Ejection _____
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area _____
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

14. Ejection Medium _____
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

15. Medium Status (Immediately Prior To Impact) _____
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment _____
(0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors,
fire, etc.
(specify): _____
(9) Unknown

17. Occupant Mobility _____
(0) Occupant fatal before removed from
vehicle
(1) Removed from vehicle while unconscious or
not oriented to time or place
(2) Removed from vehicle due to perceived
serious injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(8) Removed from vehicle for other reasons
(specify): _____
(9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability _____</p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____</p> <p>(9) Unknown _____</p> <p>19. Manual (Active) Belt System Use _____</p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____</p> <p>(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used _____</p> <p>20. Proper Use of Manual (Active) Belts _____</p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i> (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>21. Manual (Active) Belt Failure Modes During Accident _____</p> <p>(0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor (7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment _____</p> <p>(0) No manual shoulder belt (1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i> (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment _____</p> <p>23. Automatic (Passive) Belt System Availability/Function _____</p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown _____</p> <p>24. Automatic (Passive) Belt System Use _____</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown _____</p> <p>(9) Unknown _____</p> <p>25. Automatic (Passive) Belt System Type _____</p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown _____</p> <p>26. Proper Use of Automatic (Passive) Belt System _____</p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident _____</p> <p>(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor (7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p>
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POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use _____</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____</p> <p>(9) Police indicated "unknown" _____</p> <p>29. Police Reported Air Bag Availability/Function _____</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown" _____</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) _____</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled _____ (9) Unknown _____</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) _____</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown _____</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Unknown if belt used _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) _____</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled _____ (9) Unknown _____ <i>Specify type of "other" air bag present:</i> _____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) _____</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown _____</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) _____</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____</p> <p>(9) Unknown _____</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? _____ (0) Not equipped/not available (1) No previous accidents</p> <p><i>Yes</i> (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of + Delta V For Air Bag _____ Deployment Impact (_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>36. Type of Air Bag _____ (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? _____ (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? _____ (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? _____ (0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number _____ (00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? _____ (00) Not equipped/not available (01) Not damaged</p> <p><i>Yes - Air Bag Damage</i> (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____ (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>
<p>39. CDC For Air Bag Deployment Impact _____ (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	

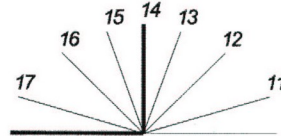
FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION <i>continued</i>	HEAD RESTRAINT AND SEAT EVALUATION
<p>44. Source of Air Bag Damage _____ (00) Not equipped/not available (01) Not damaged (02) Object worn by occupant, (specify): _____ (03) Object carried by occupant, (specify): _____ (04) Adaptive/assistive controls, (specify): _____ (05) Fire in vehicle (06) Thermal burns (07) Rescue or emergency efforts (88) Other damage source (specify): _____ (95) Damaged, unknown source (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p> <p>45. Was The Air Bag Tethered? _____ (0) Not equipped/not available (1) No (2) Yes (specify number of tether straps): _____ (3) Deployed, unknown if tethered (7) Not deployed (8) Unknown if deployed (9) Unknown</p> <p>46. Did The Air Bag Have Vent Ports? _____ (0) Not equipped/not available (1) No (2) Yes (specify number of vent ports): _____ (3) Deployed, unknown if vent ports present (7) Not deployed (8) Unknown if deployed (9) Unknown</p> <p>47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? _____ (0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if other occupant contact to air bag (7) Not deployed (8) Unknown if deployed (9) Unknown</p> <p>48. Was This Occupant Wearing Eye-wear? _____ (0) Not air bag equipped/air bag not available (1) No (2) Eyeglasses/sunglasses (3) Contact lenses (4) Deployed, unknown if eyewear worn (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	<p>49. Head Restraint Type/Damage by Occupant _____ at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): _____ (9) Unknown</p> <p>50. Seat Type (this Occupant Position) _____ (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Box mounted seat (i.e., van type) (10) Other seat type (specify): _____ (99) Unknown</p> <p>51. Seat Orientation (this Occupant Position) _____ (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): _____ (9) Unknown</p> <p>52. Seat Track Adjusted Position Prior To Impact _____ (0) Occupant not seated or no seat (1) Non-adjustable seat track <i>Adjustable Seat Track</i> (2) Seat at forward most track position (3) Seat between forward most and middle track positions (4) Seat at middle track position (5) Seat between middle and rear most track positions (6) Seat at rear most track position (9) Unknown</p>

HEAD RESTRAINT AND SEAT EVALUATION *continued*

53. Seat Back Incline Prior and Post Impact _____
 (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position



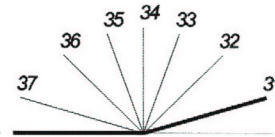
Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position



Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



54. Seat Performance (this Occupant Position) _____
 (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model _____
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat _____
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation _____
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

*Unknown Design or Orientation For This
 Age/Weight, or Unknown Age/Weight*
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

 (99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage _____

59. Child Safety Seat Shield Usage _____

60. Child Safety Seat Tether Usage _____

Note: Options below applicable to
 Variables OA58-OA60.
 (00) No child safety seat

Not Designed With Harness/Shield/Tether
 (01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether
 (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
 (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

 (99) Unknown if child safety seat used

INJURY CONSEQUENCES	
61. Injury Severity (Police Rating) _____ (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) _____ (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): _____ (9) Unknown
62. Treatment - Mortality _____ (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): _____ <i>Nonfatal</i> (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): _____ (8) Transported to a medical facility-unknown if treated (9) Unknown	64. Hospital Stay _____ (00) Not Hospitalized _____ Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown 65. Working Days Lost _____ _____ Code the number of days (up through 60) that the occupant 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 WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES	TRAUMA DATA
<p>66. Time to Death _____ _____ 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</p> <p>67. 1st Medically Reported Cause of Death _____</p> <p>68. 2nd Medically Reported Cause of Death _____</p> <p>69. 3rd Medically Reported Cause of Death _____ _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____ (97) Other result (includes fatal ruled disease) (specify): _____ (99) Unknown</p>	<p>71. Glasgow Coma Scale (GCS) Score _____ (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured</p> <p>72. Was the Occupant Given Blood? _____ (1) No - blood not given (2) Yes - blood given (specify units): _____ (9) Unknown if blood given</p> <p>73. Arterial Blood Gases (ABG) - HCO₃ _____ (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</p>
<p>70. Number of Recorded Injuries for This Occupant _____ _____ Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured</p>	<p style="text-align: center;">BELT USE DETERMINATION</p> <p>74. Primary Source of Belt Use Determination _____ (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): _____ (9) Unknown if belt used</p>