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

INTERVIEW FORM (A)

OMB No. 2127-0021
Expiration Date: xx/xx/xxxx
NATIONAL AUTOMOTIVE SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

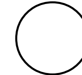
1. Primary Sampling Unit Number ___ ___ 2. Case Number – Stratum ___ ___ ___ ___ 3. Vehicle Number ___ ___	Interviewee(s) Role: ______________________________ ______________________________

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 with the driver for a follow-up interview?
☐ Yes ☐ No

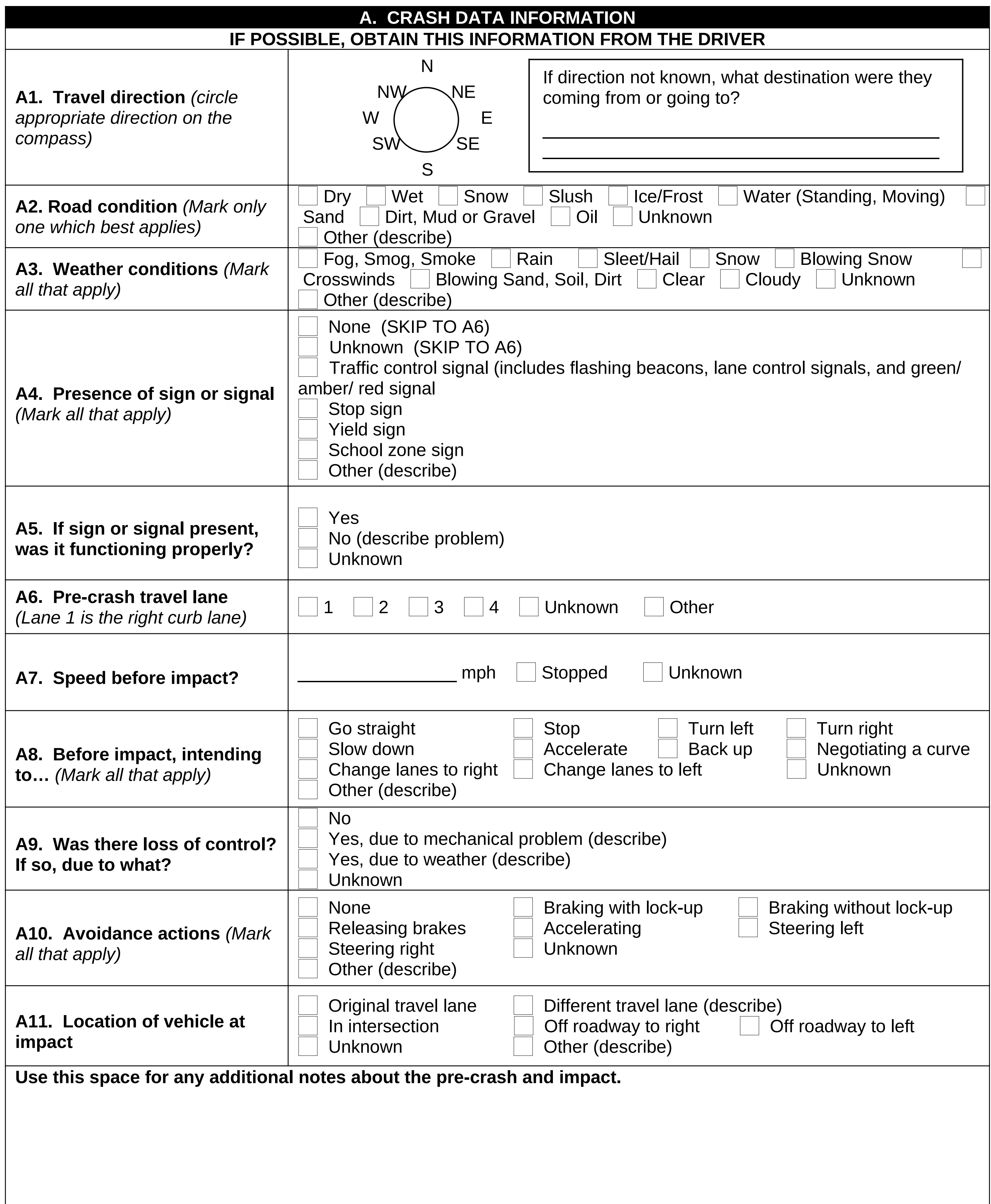
DRIVER OR OCCUPANT DESCRIPTION AND DIAGRAM OF CRASH EVENTS

Use this space to diagram the interviewee's crash trajectory in relationship to identifiable objects in the environment. Indicate which direction is north on the compass.



QUESTIONS TO ASK INTERVIEWEE BASED ON OTHER DATA SOURCES (VEHICLE INSPECTION, MEDICAL RECORDS, ETC.)

HS Form 433D (1/2005) Information collected in this report is used to complete HS Forms 433A and 433B. ***A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0021. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, SE, Washington, DC 20590*.**



A. CRASH DATA INFORMATION

IF POSSIBLE, OBTAIN THIS INFORMATION FROM THE DRIVER

Question	Response
A1. Travel direction *(circle appropriate direction on the compass)*	N, NE, E, SE, S, SW, W, NW If direction not known, what destination were they coming from or going to? ______
A2. Road condition *(Mark only one which best applies)*	☐ Dry ☐ Wet ☐ Snow ☐ Slush ☐ Ice/Frost ☐ Water (Standing, Moving) ☐ Sand ☐ Dirt, Mud or Gravel ☐ Oil ☐ Unknown ☐ Other (describe)
A3. Weather conditions *(Mark all that apply)*	☐ Fog, Smog, Smoke ☐ Rain ☐ Sleet/Hail ☐ Snow ☐ Blowing Snow ☐ Crosswinds ☐ Blowing Sand, Soil, Dirt ☐ Clear ☐ Cloudy ☐ Unknown ☐ Other (describe)
A4. Presence of sign or signal *(Mark all that apply)*	☐ None (SKIP TO A6) ☐ Unknown (SKIP TO A6) ☐ Traffic control signal (includes flashing beacons, lane control signals, and green/ amber/ red signal ☐ Stop sign ☐ Yield sign ☐ School zone sign ☐ Other (describe)
A5. If sign or signal present, was it functioning properly?	☐ Yes ☐ No (describe problem) ☐ Unknown
A6. Pre-crash travel lane *(Lane 1 is the right curb lane)*	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unknown ☐ Other
A7. Speed before impact?	______ mph ☐ Stopped ☐ Unknown
A8. Before impact, intending to… *(Mark all that apply)*	☐ Go straight ☐ Stop ☐ Turn left ☐ Turn right ☐ Slow down ☐ Accelerate ☐ Back up ☐ Negotiating a curve ☐ Change lanes to right ☐ Change lanes to left ☐ Unknown ☐ Other (describe)
A9. Was there loss of control? If so, due to what?	☐ No ☐ Yes, due to mechanical problem (describe) ☐ Yes, due to weather (describe) ☐ Unknown
A10. Avoidance actions *(Mark all that apply)*	☐ None ☐ Braking with lock-up ☐ Braking without lock-up ☐ Releasing brakes ☐ Accelerating ☐ Steering left ☐ Steering right ☐ Unknown ☐ Other (describe)
A11. Location of vehicle at impact	☐ Original travel lane ☐ Different travel lane (describe) ☐ In intersection ☐ Off roadway to right ☐ Off roadway to left ☐ Unknown ☐ Other (describe)

Use this space for any additional notes about the pre-crash and impact.

B. ROLLOVER INFORMATION	
B1. Did this vehicle roll over during the crash?	☐ No (SKIP TO SECTION C BELOW) ☐ Unknown (SKIP TO SECTION C BELOW) ☐ Yes (CONTINUE)
B2. Rollover began where?	☐ On roadway ☐ On shoulder ☐ On roadside or median ☐ Unknown
B3. Cause of rollover	☐ Other vehicle (describe which one) ☐ Contact with object (describe) ☐ Other cause (describe) ☐ Unknown
B4. Direction of vehicle roll	☐ Toward the right (passenger side) ☐ Toward the left (driver side) ☐ End-over-end ☐ Unknown
B5. Number of turns	______ Number of **QUARTER TURNS** ☐ Unknown **OR** ______ Number of **COMPLETE TURNS**
B6. Plane in contact with ground at final rest	☐ Left side ☐ Right side ☐ Top ☐ Wheels ☐ Unknown

C. FIRE INFORMATION	
C1. Did this vehicle experience a fire?	☐ No (SKIP TO SECTION D BELOW) ☐ Unknown (SKIP TO SECTION D BELOW) ☐ Yes (CONTINUE)
C2. Fire or smoke first seen	☐ Under the hood ☐ In the trunk/cargo area ☐ Behind the instrument panel ☐ Under the vehicle ☐ In the passenger compartment ☐ From other involved vehicle ☐ Unknown
Describe any additional rollover or fire information here:	

D. DRIVER ACTIONS	
D1. Prior to the crash, was the driver doing any of the following? *(Mark all that apply)*	☐ Dealing with a child/passenger inside the car ☐ Looking for something inside the car ☐ Distracted by another occupant ☐ Adjusting an internal control, such as radio, climate, opening glove compartment ☐ Using a handheld device such as a cell phone or electronic organizer ☐ Eating or drinking ☐ Smoking ☐ Sleepy or fell asleep ☐ Looking for something outside of the car (street sign, building, etc.) ☐ Having personal thoughts/daydreaming/thinking ☐ Distracted by pedestrian / animal / object outside the car ☐ Other (describe) ☐ Unknown
Describe any additional driver actions just before crash:	

E. ADDITIONAL VEHICLE INFORMATION	
E1. Year, make, model	Year: ___ ___ ___ ___ Make: ________________________________ Model: ________________________________
E2. Vehicle mileage	__________________ miles ☐ Unknown
E3. Was there any pre-existing damage to the vehicle, or damage caused by rescue personnel?	☐ No ☐ Unknown ☐ Yes (describe)
E4. Did any door(s) or hatch open during the crash? *(Mark all that apply)*	☐ No ☐ Unknown ☐ Yes ……… ☐ Left front ☐ Right front ☐ Left rear ☐ Right rear ☐ Hatch ☐ Other (describe)
E5. Did any windows break during the crash? *(Mark all that apply)*	☐ No ☐ Unknown ☐ Yes ……… ☐ Windshield ☐ Left front ☐ Right front ☐ Left rear ☐ Right rear ☐ Left rear 2 ☐ Right rear 2 ☐ BL ☐ LBL ☐ RBL ☐ Roof ☐ Other ☐ Unknown
E6. Window pre-crash status *(Write in appropriate letter for all windows)* F=Fixed, O=Open, P=Partially open, C=Closed, U=Unknown	__ Left front __ Right front __ Left rear __ Right rear __ Left rear 2 __ Right rear 2 __ BL __ LBL __ RBL __ Roof __ Other
E7. Cargo in the vehicle *(Describe any objects in the vehicle or trunk weighing over 2 pounds)*	☐ No ☐ Unknown ☐ Yes (describe) Approximate weight of cargo: _____ pounds
E8. Location of vehicle	*If vehicle has not yet been inspected, mark box below and record current location and contact person on the cover sheet. Do not record it here.* ☐ Vehicle inspected ☐ Vehicle location recorded on cover sheet ☐ Insurance information recorded on cover sheet
Ask questions E9 – E11 for 2010 and newer vehicles only	
E9. Is the vehicle equipped with any of the following features? *(Mark all that apply)*	☐ LDW with Lane Keeping ☐ Blind Spot Detection ☐ LDW without Lane Keeping ☐ Daytime Running Light ☐ FCW with Auto Braking ☐ Assisted Braking ☐ FCW without Auto Braking ☐ Automatic Crash Notification
E10. Were any of the above features disabled at the time of the crash?	☐ No ☐ Unknown ☐ Yes (describe)
E11. Did occupants see, hear, or feel anything to indicate activation of the above features?	☐ No ☐ Unknown ☐ Yes (describe)

F. OCCUPANT DATA QUESTIONS

F1. Including the driver, how many people were in the vehicle at the time of the crash? ______

Please respond to each question for the driver and up to three additional occupants	DRIVER	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4
F2. Seating position *(Circle appropriate position of each occupant)* If “Other” location, specify ____________	Front 1 2 3 4 5 6 7 8 9 Other	Front 1 2 3 4 5 6 7 8 9 Other	Front 1 2 3 4 5 6 7 8 9 Other	Front 1 2 3 4 5 6 7 8 9 Other
F3. Sex 1. Male 2. Female, not pregnant 3. Female, Pregnant, # of months 4. Female, unknown if pregnant	☐ 1 ☐ 2 ☐ 3 ________ ☐ 4	☐ 1 ☐ 2 ☐ 3 ________ ☐ 4	☐ 1 ☐ 2 ☐ 3 ________ ☐ 4	☐ 1 ☐ 2 ☐ 3 ________ ☐ 4
	If pregnant, indicate any crash related fetal complications on the mannequin page			
F4. Height, Weight, Age 1. Height *(Feet and inches)* 2. Weight *(Pounds)* 3. Age *(Years)*	1. ________ 2. ________ 3. ________	1. ________ 2. ________ 3. ________	1. ________ 2. ________ 3. ________	1. ________ 2. ________ 3. ________
F5. Race 1. White 2. Black or African American 3. Asian 4. Native Hawaiian or Other Pacific Islander 5. American Indian or Alaska Native 6. Other (specify) 7. Unknown	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ________ ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ________ ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ________ ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ________ ☐ 7
F6. Ethnicity 1. Not of Hispanic origin 2. Of Hispanic origin 3. Unknown if of Hispanic origin	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
F7. Feet/hands/arms just prior to impact <u>FEET/LEGS</u> A. Both feet on floor or foot controls B. One or both feet on dash C. One or both feet on seat D. Legs crossed E. Other (describe) F. Unknown <u>HANDS/ARMS</u> G. Both hands on steering wheel (specify o'clock positions) H. One on wheel, other adjusting control (describe) I. Hand(s) doing other activity (describe) J. Bracing with one/both hands (describe) K. Hands on lap L. One or both arms out window M. Other (describe) N. Unknown	*Indicate all letters that apply and further describe as needed*			
F8. Occupant wearing glasses, contacts, or have any objects in mouth/hand? *(Mark if yes and describe)*	☐ Yes (Describe) ☐ No ☐ Unk	☐ Yes (Describe) ☐ No ☐ Unk	☐ Yes (Describe) ☐ No ☐ Unk	☐ Yes (Describe) ☐ No ☐ Unk

G. RESTRAINT INFORMATION

	DRIVER	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4
G1. Was this occupant in a child safety seat? *(If yes, complete separate Child Safety Seat Form)*		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
G2. Type of seat belt available 1. Lap belt 2. Shoulder belt 3. Lap and shoulder belt 4. Not available (describe reason) 5. Unknown	☐ 1 ☐ 2 ☐ 3 ☐ 4 ________ ☐ 5	☐ 1 ☐ 2 ☐ 3 ☐ 4 ________ ☐ 5	☐ 1 ☐ 2 ☐ 3 ☐ 4 ________ ☐ 5	☐ 1 ☐ 2 ☐ 3 ☐ 4 ________ ☐ 5
G3. Occupant wearing any seatbelt? 1. Yes 2. No 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
G4. If seat belt worn, what was the type? 1. Lap belt 2. Shoulder belt 3. Lap and shoulder belt 4. Unknown	**(Skip if seat belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4	**(Skip if seat belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4	**(Skip if seat belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4	**(Skip if seat belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4
G5. If lap belt used, how was it positioned? 1. Low across hips 2. Across abdomen 3. Used to install Child Safety Seat 4. Other position (describe) 5. Unknown position	**(Skip if lap belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ________ ☐ 5	**(Skip if lap belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ________ ☐ 5	**(Skip if lap belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ________ ☐ 5	**(Skip if lap belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ________ ☐ 5
G6. If lap belt used, was it snug or was there extra slack room? 1. Snug 2. Extra slack room 3. Unknown	**(Skip if lap belt not worn)** ☐ 1 ☐ 2 ☐ 3	**(Skip if lap belt not worn)** ☐ 1 ☐ 2 ☐ 3	**(Skip if lap belt not worn)** ☐ 1 ☐ 2 ☐ 3	**(Skip if lap belt not worn)** ☐ 1 ☐ 2 ☐ 3
G7. If shoulder belt used, how was it positioned? 1. Across collarbone & over shoulder 2. Resting on neck 3. On edge of shoulder 4. Under arm 5. Behind back or seat 6. Used to install Child Safety Seat 7. Other position (describe) 8. Unknown position	**(Skip if shoulder belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ________ ☐ 8	**(Skip if shoulder belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ________ ☐ 8	**(Skip if shoulder belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ________ ☐ 8	**(Skip if shoulder belt not worn)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ________ ☐ 8
G8. If shoulder belt used, was it snug or was there extra slack room? 1. Snug 2. Extra slack room 3. Unknown	**(Skip if shoulder belt not worn)** ☐ 1 ☐ 2 ☐ 3	**(Skip if shoulder belt not worn)** ☐ 1 ☐ 2 ☐ 3	**(Skip if shoulder belt not worn)** ☐ 1 ☐ 2 ☐ 3	**(Skip if shoulder belt not worn)** ☐ 1 ☐ 2 ☐ 3

Describe any breaks, tears, or failures to any of the seat belts:

G. RESTRAINT INFORMATION (continued)

	DRIVER	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4
G9. Was there an upper anchorage adjustment for seat belt? *(If yes, indicate position)* 1. No 2. Yes, Full up 3. Yes, Mid position 4. Yes, Full down 5. Unknown	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
G10. Was a seat belt positioning device present? *(Such as a shoulder belt adjuster)* 1. No 2. Yes (describe type of device) 3. Unknown	☐ 1 ☐ 2 ________ ☐ 3	☐ 1 ☐ 2 ________ ☐ 3	☐ 1 ☐ 2 ________ ☐ 3	☐ 1 ☐ 2 ________ ☐ 3
G11. If "yes" to above, was the belt positioning device in use during crash? 1. No 2. Yes 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
G12. Seating posture 1. Upright - back against seat back 2. Leaning forward 3. Leaning to the left 4. Leaning to the right 5. Lying on or across seat 6. Other (describe) 7. Unknown	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ________ ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6________ ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6________ ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6________ ☐ 7
G13. Adjustable seat <u>track</u> position prior to impact 1. No adjustable seat track 2. Seat all the way forward 3. Between forward and middle 4. At middle position 5. Between middle and rear position 6. Seat all the way rearward 7. Unknown	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
G14. Adjustable seat <u>back</u> position pre-impact and post- impact 1. No adjustable seat back 2. Completely upright 3. Slightly reclined 4. Completely reclined 5. Slightly forward or upright 6. Completely forward 7. Unknown	<u>PRE</u> / <u>POST</u> ☐ 1 ☐ 1 ☐ 2 ☐ 2 ☐ 3 ☐ 3 ☐ 4 ☐ 4 ☐ 5 ☐ 5 ☐ 6 ☐ 6 ☐ 7 ☐ 7	<u>PRE</u> / <u>POST</u> ☐ 1 ☐ 1 ☐ 2 ☐ 2 ☐ 3 ☐ 3 ☐ 4 ☐ 4 ☐ 5 ☐ 5 ☐ 6 ☐ 6 ☐ 7 ☐ 7	<u>PRE</u> / <u>POST</u> ☐ 1 ☐ 1 ☐ 2 ☐ 2 ☐ 3 ☐ 3 ☐ 4 ☐ 4 ☐ 5 ☐ 5 ☐ 6 ☐ 6 ☐ 7 ☐ 7	<u>PRE</u> / <u>POST</u> ☐ 1 ☐ 1 ☐ 2 ☐ 2 ☐ 3 ☐ 3 ☐ 4 ☐ 4 ☐ 5 ☐ 5 ☐ 6 ☐ 6 ☐ 7 ☐ 7

G15. Adjustable pedal presence/position 1. No adjustable pedals 2. Full forward (toward toepan) 3. Mid position 4. Full rearward (toward driver) 5. Position unknown 6. Unknown if present	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6			

H. EJECTION, ENTRAPMENT, MOBILITY INFORMATION				
	DRIVER	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4
H1. Any part of body thrown outside the vehicle during the crash? 1. No 2. Unknown 3. Yes (describe parts of body ejected and what area of vehicle was involved)	☐ 1 ☐ 2 ☐ 3 (describe)	☐ 1 ☐ 2 ☐ 3 (describe)	☐ 1 ☐ 2 ☐ 3 (describe)	☐ 1 ☐ 2 ☐ 3 (describe)
H2. Was occupant physically pinned in the vehicle? 1. No 2. Unknown 3. Yes (describe entrapment)	☐ 1 ☐ 2 ☐ 3 (describe)	☐ 1 ☐ 2 ☐ 3 (describe)	☐ 1 ☐ 2 ☐ 3 (describe)	☐ 1 ☐ 2 ☐ 3 (describe)
H3. Was occupant trapped (but not pinned) in the vehicle? 1. No 2. Unknown 3. Yes (describe entrapment)	☐ 1 ☐ 2 ☐ 3 (describe)	☐ 1 ☐ 2 ☐ 3 (describe)	☐ 1 ☐ 2 ☐ 3 (describe)	☐ 1 ☐ 2 ☐ 3 (describe)
H4. How did occupant exit the vehicle? 1. Fatal before removed 2. Removed while unconscious or not oriented to time or place 3. Removed due to perceived serious injuries 4. Exited with some assistance 5. Exited under own power 6. Fully ejected 7. Removed for other reasons (specify) 8. Unknown	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Further describe any ejection, entrapment or mobility information here.

I. AIR BAG INFORMATION

I1. Is this vehicle equipped with an air bag? (Mark yes if it had ever been equipped with an air bag)

☐ Yes (CONTINUE) ☐ No (SKIP TO SECTION J) ☐ Unknown (SKIP TO SECTION J)

I2. Air bag information *(even if no passenger in that seat)*	**Was this air bag present?**	**Did it deploy in the crash?**	**Was there prior service on it?**	**Was it the original air bag, a replacement air bag, or unknown?**
A. Driver air bags 1. Steering wheel hub 2. Bottom inst. panel 3. Seat back 4. Door 5. Roof side rail 6. Other ___________	Present? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	Deployed? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 UNK ☐	Prior service? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 UNK ☐	Original: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 Replacement: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 UNK ☐
B. Front right air bags 1. Top instrument panel 2. Mid instrument panel 3. Bottom inst. panel 4. Seat back 5. Door 6. Roof side rail 7. Other ___________	Present? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	Deployed? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 UNK ☐	Prior service? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 UNK ☐	Original: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 Replacement: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 UNK ☐
C. Second row left 1. Seat back 2. Door 3. Roof side rail 4. Other ___________	Present? ☐ 1 ☐ 2 ☐ 3 ☐ 4	Deployed? ☐ 1 ☐ 2 ☐ 3 ☐ 4 UNK ☐	Prior service? ☐ 1 ☐ 2 ☐ 3 ☐ 4 UNK ☐	Original: ☐1 ☐2 ☐3 ☐4 Replacement: ☐1 ☐2 ☐3 ☐4 UNK ☐
D. Second row right 1. Seat back 2. Door 3. Roof side rail 4. Other ___________	Present? ☐ 1 ☐ 2 ☐ 3 ☐ 4	Deployed? ☐ 1 ☐ 2 ☐ 3 ☐ 4 UNK ☐	Prior service? ☐ 1 ☐ 2 ☐ 3 ☐ 4 UNK ☐	Original: ☐1 ☐2 ☐3 ☐4 Replacement: ☐1 ☐2 ☐3 ☐4 UNK ☐
E. Third row left 1. Seat back 2. Door 3. Roof side rail 4. Other ___________	Present? ☐ 1 ☐ 2 ☐ 3 ☐ 4	Deployed? ☐ 1 ☐ 2 ☐ 3 ☐ 4 UNK ☐	Prior service? ☐ 1 ☐ 2 ☐ 3 ☐ 4 UNK ☐	Original: ☐1 ☐2 ☐3 ☐4 Replacement: ☐1 ☐2 ☐3 ☐4 UNK ☐
F. Third row right 1. Seat back 2. Door 3. Roof side rail 4. Other ___________	Present? ☐ 1 ☐ 2 ☐ 3 ☐ 4	Deployed? ☐ 1 ☐ 2 ☐ 3 ☐ 4 UNK ☐	Prior service? ☐ 1 ☐ 2 ☐ 3 ☐ 4 UNK ☐	Original: ☐1 ☐2 ☐3 ☐4 Replacement: ☐1 ☐2 ☐3 ☐4 UNK ☐

I3. Has this vehicle:

Been in previous crashes?	☐ No	☐ Unknown	☐ Yes (# of previous crashes____)
If yes, did the airbag(s) deploy?	☐ No	☐ Unknown	☐ Yes (describe below)
If yes, were airbag(s) reinstalled?	☐ No	☐ Unknown	☐ Yes (describe below)

I4. Is this vehicle equipped with an air bag shut off switch?

☐ No ☐ Unknown ☐ Yes – Auto Position ☐ Yes – Off Position ☐ Yes – Unknown Position

Describe any further air bag information or the presence of retrofitted air bags or shut off switches below.

J. INJURY INFORMATION

	DRIVER	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4
J1. Was occupant injured? 1. Yes 2. No 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
J2. Was occupant transported directly from crash scene for treatment? 1. Yes 2. No 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
J3. Did occupant receive any medical treatment?	If 2, 3, 4, or 5 is selected, record medical facility information on the cover page.			
1. No 2. EMS at scene 3. Hospital 4. Medical clinic 5. Doctor's office 6. Treated by self 7. Unknown	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
J4. IF HOSPITAL MARKED IN J3, Which describes occupant's treatment level? 1. Treated and released from emergency room 2. Admitted to hospital (indicate number of days) 3. Unknown	☐ 1 ☐ 2 ________ ☐ 3	☐ 1 ☐ 2 ________ ☐ 3	☐ 1 ☐ 2 ________ ☐ 3	☐ 1 ☐ 2 ________ ☐ 3
J5. Did occupant receive any follow-up treatment?	If yes for any occupant(s) below, indicate additional treatment facilities on the cover page and any additional injuries diagnosed on the mannequins.			
1. Yes 2. No 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
J6. Did occupant miss any days of work or school as a result of the crash? *(Includes full-time college student)* 1. Yes *(write in number of days)* 2. No 3. Not working prior to crash 4. Unknown	☐ 1 _________ ☐ 2 ☐ 3 ☐ 4	☐ 1 _________ ☐ 2 ☐ 3 ☐ 4	☐ 1 _________ ☐ 2 ☐ 3 ☐ 4	☐ 1 _________ ☐ 2 ☐ 3 ☐ 4
J7. Need appointment to sign medical release? *(If yes, record date and logistics on cover sheet)*	If yes for any occupant(s) below, record the date, time and place to sign the medical release on the cover page.			
1. Yes 2. No 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3

K. INDIVIDUAL INJURY DESCRIPTION

K1. Identify which occupant is being reported on here:

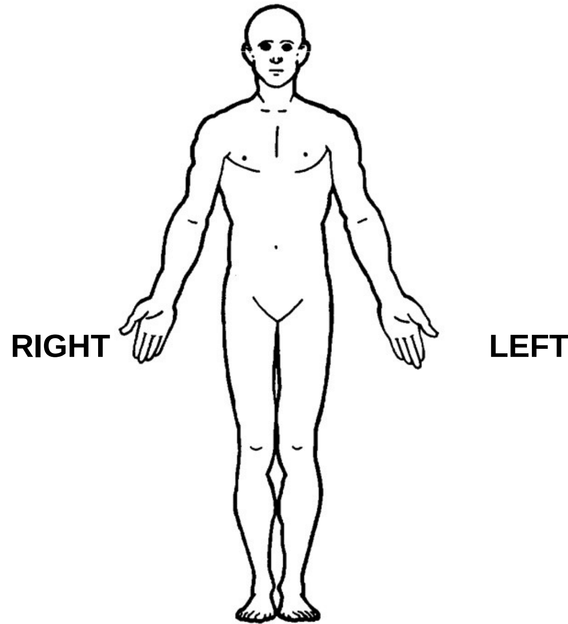
PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

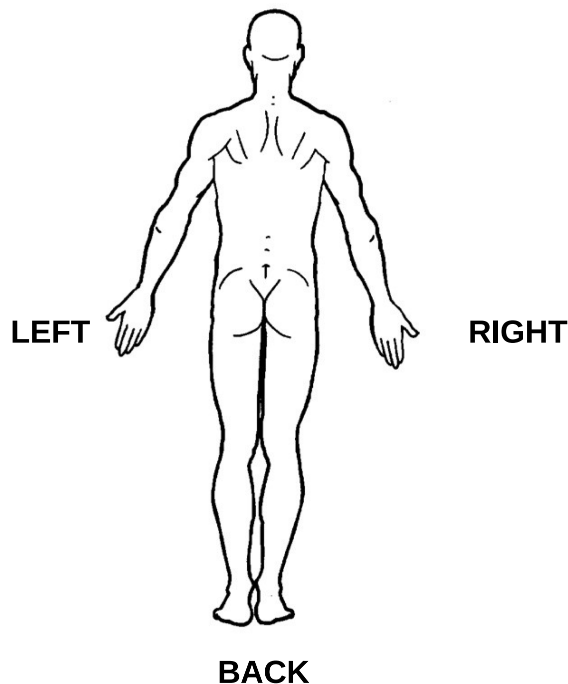
K2. Did occupant have any of the following injuries?

☐ Cuts ☐ Abrasions ☐ Bruises ☐ Fractures ☐ Head/skull/brain ☐ Internal ☐ Sprains/strains ☐ Other

Annotate Injury, Source, Body Region, and Aspect on the mannequins.

☐ No Injuries





K. INDIVIDUAL INJURY DESCRIPTION

K3. Identify which occupant is being reported on here:

PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

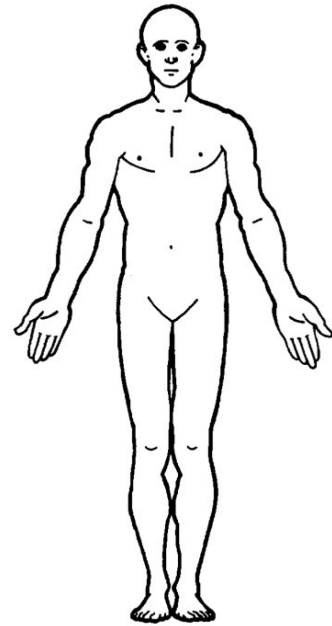
K4. Did occupant have any of the following injuries?

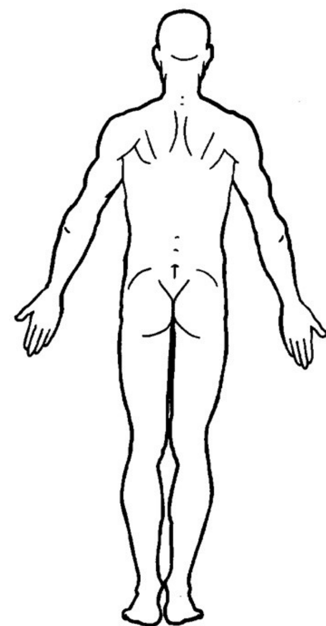
☐ Cuts ☐ Abrasions ☐ Bruises ☐ Fractures ☐ Head/skull/brain ☐ Internal ☐ Sprains/strains ☐ Other

Annotate Injury, Source, Body Region, and Aspect on the mannequins.

FRONT

☐ No Injuries





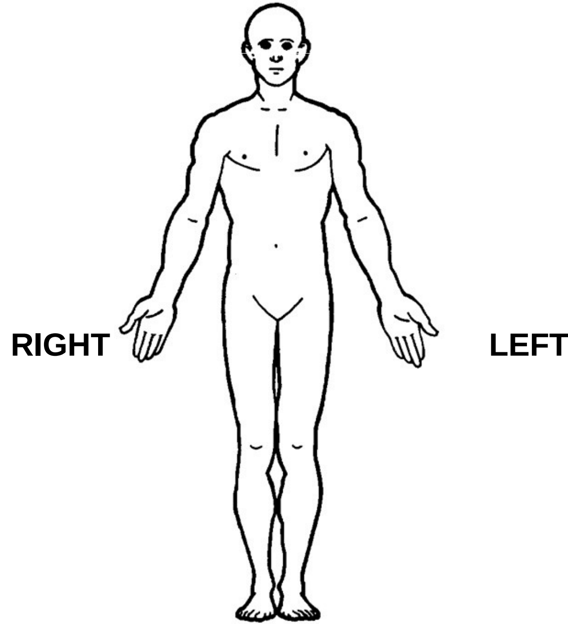
BACK

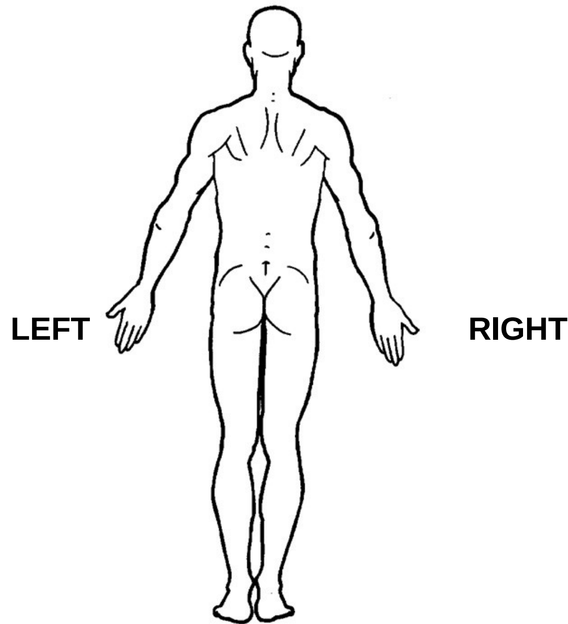
K. INDIVIDUAL INJURY DESCRIPTION
K5. Identify which occupant is being reported on here: PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___
K6. Did occupant have any of the following injuries? ☐ Cuts ☐ Abrasions ☐ Bruises ☐ Fractures ☐ Head/skull/brain ☐ Internal ☐ Sprains/strains ☐ Other

Annotate Injury, Source, Body Region, and Aspect on the mannequins.

FRONT

☐ No Injuries





BACK

K. INDIVIDUAL INJURY DESCRIPTION

K7. Identify which occupant is being reported on here:

PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

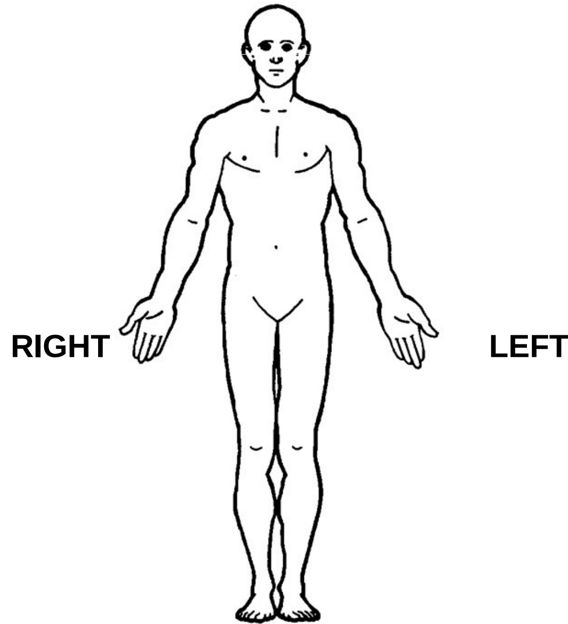
K8. Did occupant have any of the following injuries?

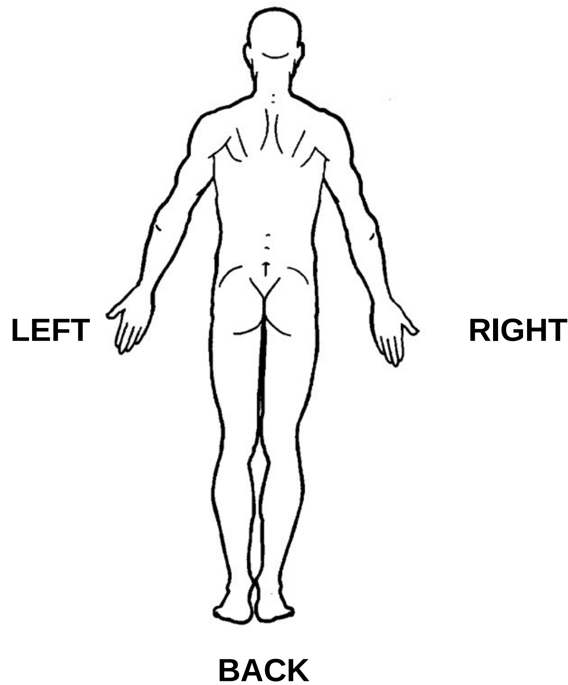
☐ Cuts ☐ Abrasions ☐ Bruises ☐ Fractures ☐ Head/skull/brain ☐ Internal ☐ Sprains/strains ☐ Other

Annotate Injury, Source, Body Region, and Aspect on the mannequins.

FRONT

☐ No Injuries





BACK

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