A. OCCUPANT DATA QUESTIONS

A1. 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	OCCUPANT 5	OCCUPANT 6	OCCUPANT 7	OCCUPANT 8
A2. 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
A3. 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			
A4. 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. ___________

B. RESTRAINT INFORMATION

	OCCUPANT 5	OCCUPANT 6	OCCUPANT 7	OCCUPANT 8
B1. Was this occupant in a child safety seat? *(If yes, complete separate Interview Form – Child Restraints)*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
B2. 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
B3. Occupant wearing any seatbelt? 1. Yes 2. No 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3

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C. EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	OCCUPANT 5	OCCUPANT 6	OCCUPANT 7	OCCUPANT 8
C1. 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)
C2. 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)
C3. 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)
C4. 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.

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D. INJURY INFORMATION				
	OCCUPANT 5	**OCCUPANT 6**	**OCCUPANT 7**	**OCCUPANT 8**
D1. Was occupant injured? 1. Yes 2. No 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
D2. 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
D3. 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
D4. IF HOSPITAL MARKED IN D3, 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

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E. INDIVIDUAL INJURY DESCRIPTION

E1. Identify which occupant is being reported on here:

PSU Number ___ ___ Case Number ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

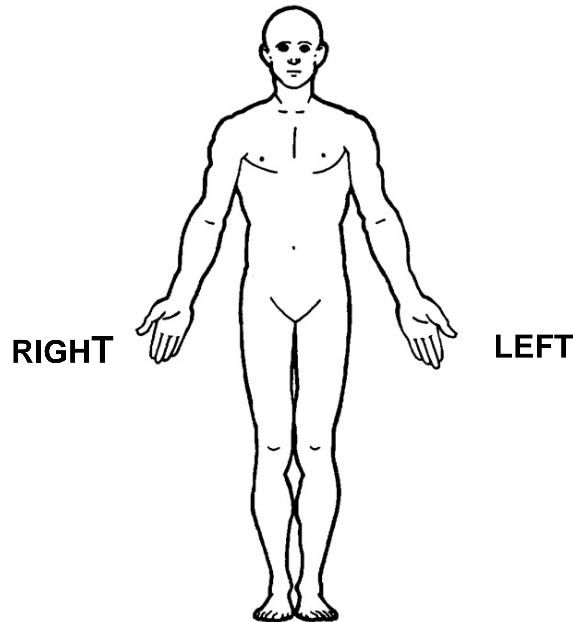
E2. Did occupant have any of the following injuries?

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

Annotate Injury, Location and Source

☐ No Injuries

FRONT



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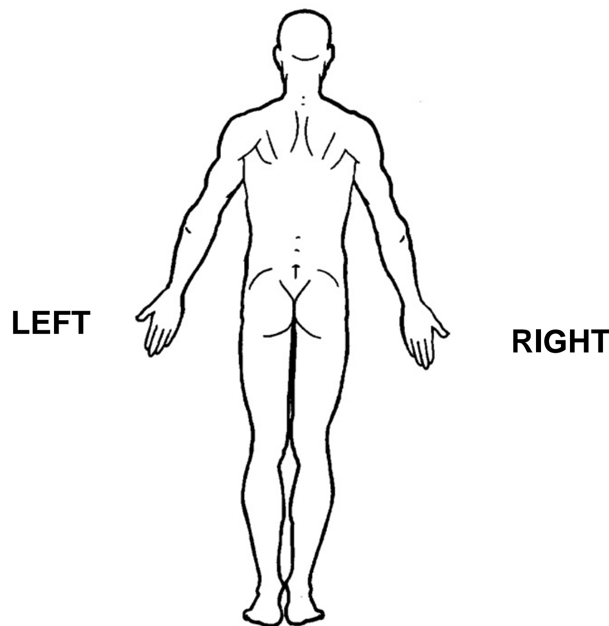

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E. INDIVIDUAL INJURY DESCRIPTION

E3. Identify which occupant is being reported on here:

PSU Number ___ ___ Case Number ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

E4. Did occupant have any of the following injuries?

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

Annotate Injury, Location and Source

☐ No Injuries

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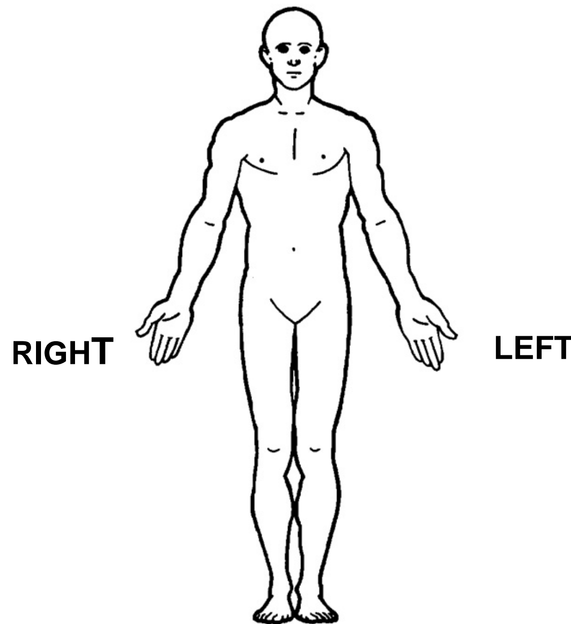

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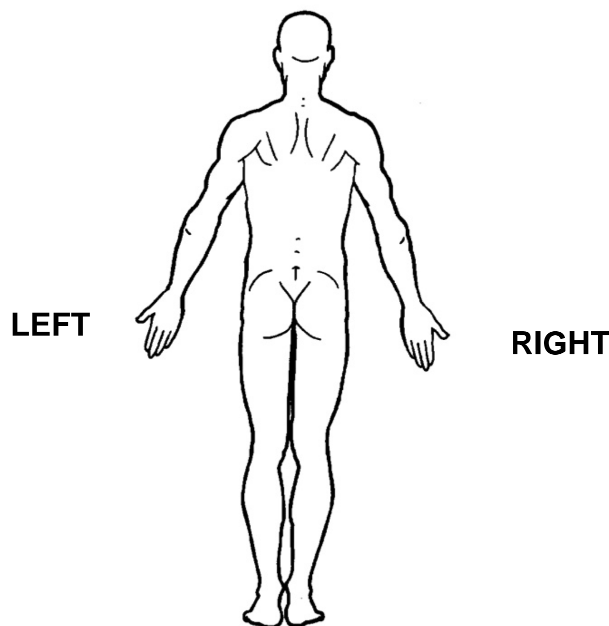

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E. INDIVIDUAL INJURY DESCRIPTION

E5. Identify which occupant is being reported on here:

PSU Number ___ ___ Case Number ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

E6. Did occupant have any of the following injuries?

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

Annotate Injury, Location and Source

☐ No Injuries

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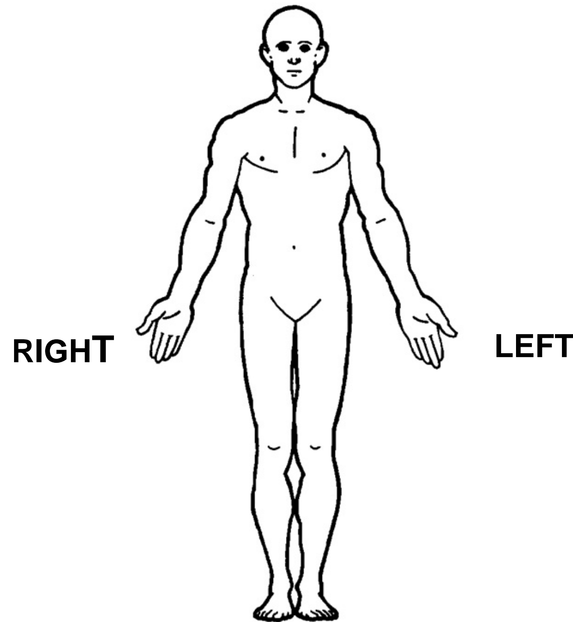

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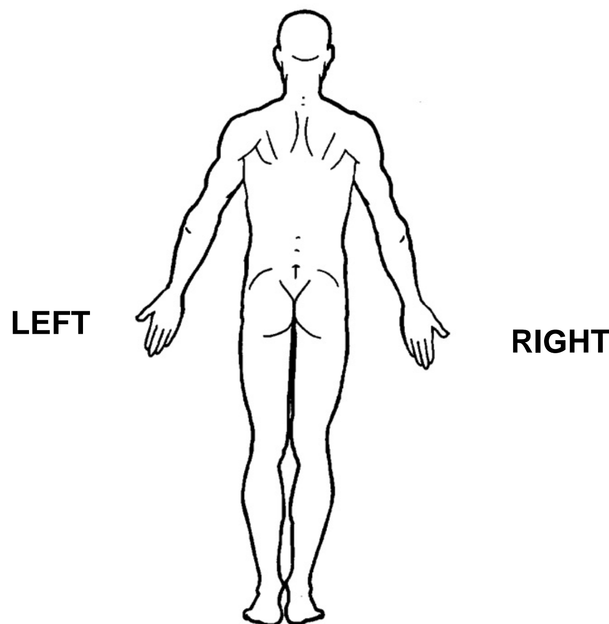

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E. INDIVIDUAL INJURY DESCRIPTION

E7. Identify which occupant is being reported on here:

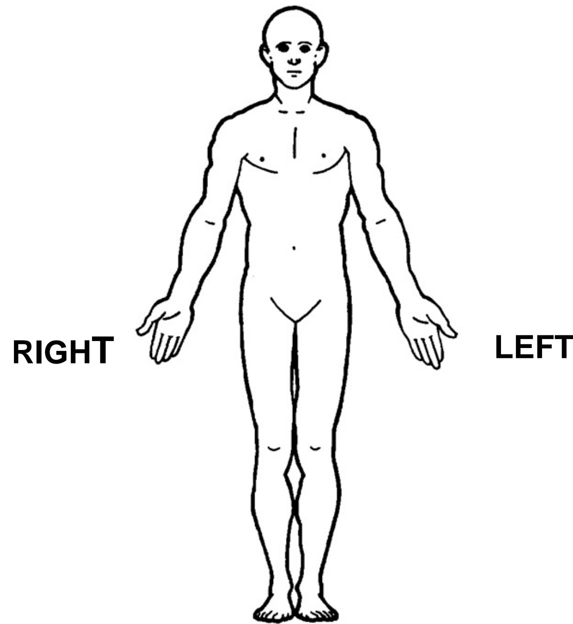
PSU Number ___ ___ Case Number ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

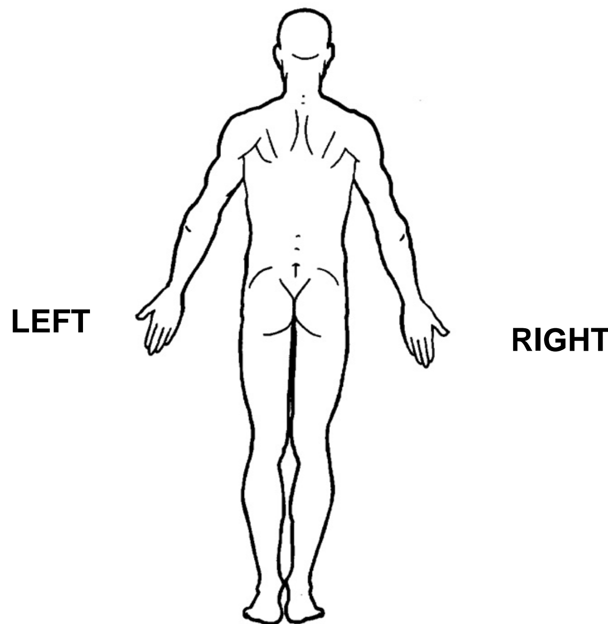
E8. Did occupant have any of the following injuries?

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

Annotate Injury, Location and Source

☐ No Injuries





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