OMB Control Number: 2127-0706
Expiration Date: 04/30/2022

NHTSA | CRASH INVESTIGATION SAMPLING SYSTEM
www.nhtsa.gov

Interview Form Cover Sheet

PSU Number ___ ___

Case Number ___ ___ ___ ___

Vehicle Number ___ ___

Interviewee(s) Role or Name(s):

_____

_____

Phone Number: (____) _____

Occupant #	Name	Date of Birth	Medical Facility *(If multiple treatment locations – list all)*	Discharge Date(s)
1				
2				
3				
4				
5				
6				

Date, Time and Place to have medical release signed:

Other identifying information:

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 2127-0706. 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.

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

INTERVIEW FORM (A)

CRASH INVESTIGATION SAMPLING SYSTEM

1. Primary Sampling Unit Number ___ ___
2. Case Number ___ ___ ___ ___
3. Vehicle Number ___ ___

Interviewee(s) Role: _____

_____

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.)

_____

_____

_____

_____

_____

_____

A. CRASH DATA INFORMATION

IF POSSIBLE, OBTAIN THIS INFORMATION FROM THE DRIVER

A1. Avoidance actions *(Mark all that apply)*

- ☐ None
- ☐ Accelerating
- ☐ Unknown
- ☐ Other (describe)
- ☐ Braking
- ☐ Steering left
- ☐ Releasing brakes
- ☐ Steering right

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

B. ROLLOVER INFORMATION

B1. Plane in contact with ground at final rest

- ☐ Left side
- ☐ Top
- ☐ Right side
- ☐ Wheels
- ☐ Unknown

C. DRIVER ACTIONS

C1. 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:

D. ADDITIONAL VEHICLE INFORMATION

D1. Cargo in the vehicle *(Describe any objects in the vehicle or trunk)*

- ☐ No
- ☐ Unknown
- ☐ Yes (describe)

Approximate weight of cargo: _____ pounds

D2. 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 D3 – D5 for 2010 and newer vehicles only

D3. Is the vehicle equipped with any of the following features? *(Mark all that apply)*

- ☐ Lane Keeping Support
- ☐ Lane Departure Warning
- ☐ Crash Imminent Braking
- ☐ Forward Collision Warning
- ☐ Blind Spot Detection
- ☐ Automatic Crash Notification
- ☐ Daytime Running Light
- ☐ Rearview Video System
- ☐ Dynamic Brake Support
- ☐ Pedestrian Automatic Emergency Braking
- ☐ Advanced Lighting
- ☐ Adaptive Cruise Control

D. ADDITIONAL VEHICLE INFORMATION (continued)

D4. Were any of the avoidance features (listed in D3) disabled at the time of the crash?	☐ No ☐ Unknown ☐ Yes (describe)
D5. Did occupants see, hear, or feel anything to indicate activation of the above features?	☐ No ☐ Unknown ☐ Yes (describe)

E. OCCUPANT DATA QUESTIONS

E1. 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**
E2. 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
E3. 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			
E4. 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. _____
E5. 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
E6. 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
E7. Occupant wearing glasses 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

F. RESTRAINT INFORMATION	DRIVER	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4
F1. Was this occupant in a child safety seat? *(If yes, complete separate Interview Form – Child Restraints)*		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
F2. 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
F3. Occupant wearing any seatbelt? 1. Yes 2. No 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
F4. Was there an upper anchorage adjustment for the 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
F5. Belt position for lap belt: 1. Snug and low across hips 2. Across abdomen 3. Low across hips **with extra "slack**" 4. Across abdomen **with extra "slack"** 5. Other position (specify) 6. Unknown position	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
F6. Belt position for shoulder belt: 1. Snug across collarbone and over shoulder 2. Resting on neck 3. On edge of shoulder 4. Under arm 5. Behind occupants back or seat 6. Other position (specify) 7. Unknown belt position	☐ 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
Was there any "slack room" in the belt?	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk
F7 Seating posture 1. Upright- back against seatback 2. Leaning forward 3. Leaning to the left 4. Leaning to the right 5. Lying 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

G. EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4
G1. 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)
G2. 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)
G3. 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)
G4. 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.

H. AIR BAG INFORMATION

H1. 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 I) ☐ Unknown (SKIP TO SECTION I)

H2. Is this vehicle equipped with an air bag shut off switch?

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

H3. 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)
Had prior maintenance/service on air bag?	☐ No	☐ Unknown	☐ Yes (describe below)

H4. Type of air bag:

- Original manufacturer installed ☐
- Replacement air bag ☐
- Retrofitted air bag ☐
- Unknown ☐

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

I. INJURY INFORMATION

	DRIVER	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4
I1. Was occupant injured? 1. Yes 2. No 3. Unknown	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
I2. 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
I3. Did occupant receive any medical treatment? 1. No 2. EMS at scene 3. Hospital 4. Medical clinic 5. Doctor's office 6. Treated by self 7. Unknown	If 2, 3, 4, or 5 is selected, record medical facility information on the cover page. ☐ 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
I4. IF HOSPITAL MARKED IN I3, 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
I5. 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

J. INDIVIDUAL INJURY DESCRIPTION

J1. Identify which occupant is being reported on here:

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

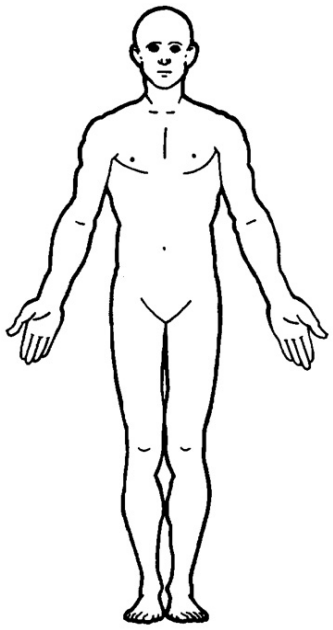
J2. Did occupant have any of the following injuries?

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

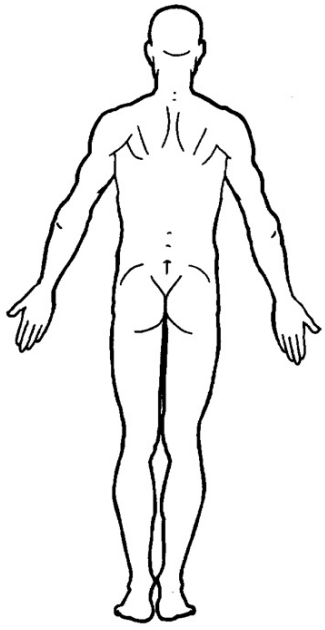
Annotate Injury, Location and Source

☐ No Injuries

FRONT



RIGHT **LEFT**



LEFT **RIGHT**

BACK

J. INDIVIDUAL INJURY DESCRIPTION

J3. Identify which occupant is being reported on here:

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

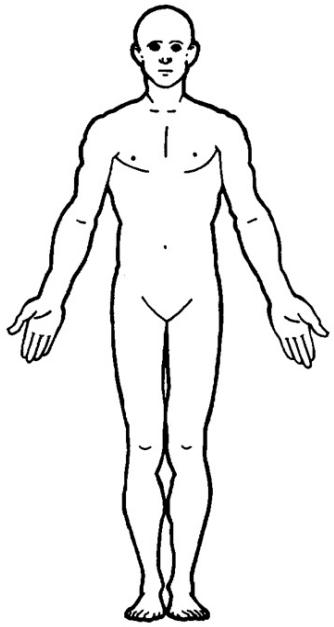
J4. Did occupant have any of the following injuries?

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

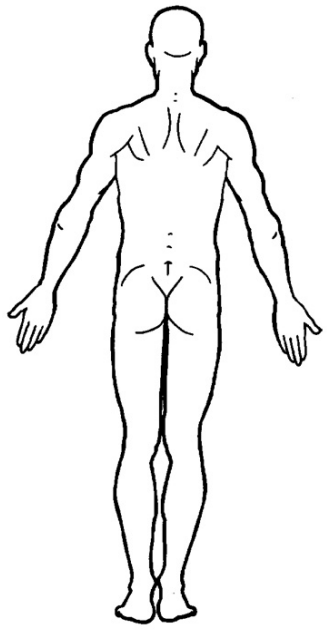
Annotate Injury, Location and Source

☐ No Injuries

FRONT



RIGHT **LEFT**



LEFT **RIGHT**

BACK

J. INDIVIDUAL INJURY DESCRIPTION

J5. Identify which occupant is being reported on here:

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

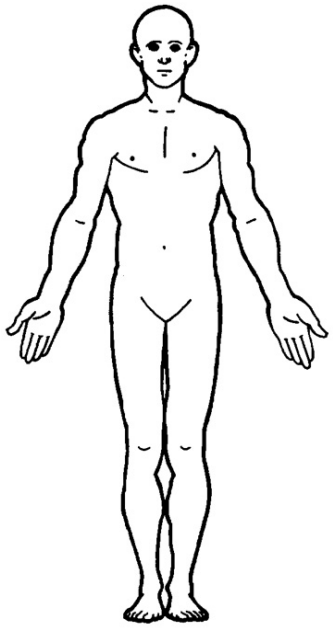
J6. Did occupant have any of the following injuries?

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

Annotate Injury, Location and Source

☐ No Injuries

FRONT



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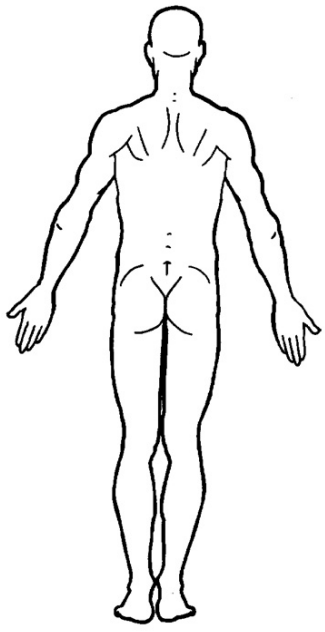


LEFT **RIGHT**

BACK

J. INDIVIDUAL INJURY DESCRIPTION

J7. Identify which occupant is being reported on here:

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

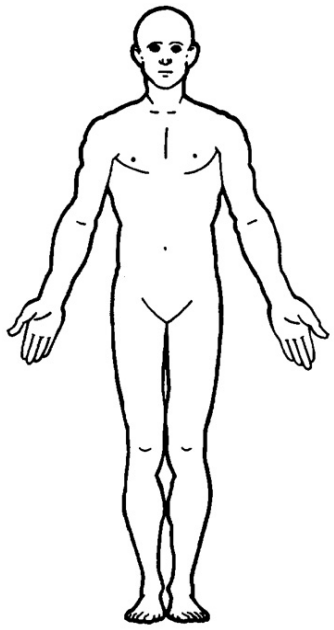
J8. Did occupant have any of the following injuries?

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

Annotate Injury, Location and Source

☐ No Injuries

FRONT



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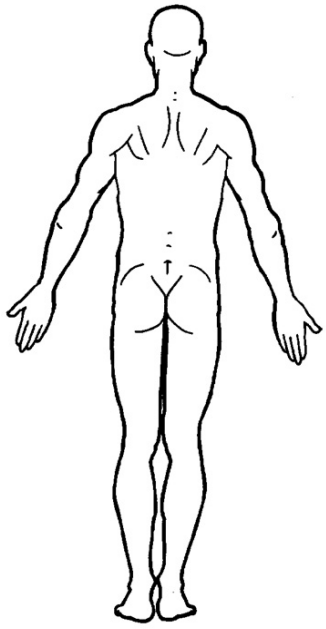

LEFT **RIGHT**

BACK