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. _____
A5. Race/Ethnicity 1. White 2. Black or African American 3. Asian 4. Native Hawaiian or Other Pacific Islander 5. American Indian or Alaska Native 6. Hispanic or Latino 7. Middle Eastern or North African 8. Other (specify) 9. Unknown	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
A7. 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

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 20 minutes for interviewee, 3-15 minutes for police jurisdiction, 10 minutes for medical record, and 5 minutes for tow yard employees. All responses to this collection of information are voluntary. 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, S.E., Room W45-205, Washington, DC, 20590.

These reports are authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

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
B4. 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
B5. 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
B6. 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

B7 Seating posture

1.	Normal Posture	☐ 1	☐ 1	☐ 1	☐ 1
2.	Kneeling or standing on seat	☐ 2	☐ 2	☐ 2	☐ 2
3.	Lying on a or across seat	☐ 3	☐ 3	☐ 3	☐ 3
4.	Kneeling, standing or sitting in front of seat	☐ 4	☐ 4	☐ 4	☐ 4
5.	Sitting sideways or turned	☐ 5	☐ 5	☐ 5	☐ 5
6.	Sitting on a console	☐ 6	☐ 6	☐ 6	☐ 6
7.	Lying back in a reclined seat position	☐ 7	☐ 7	☐ 7	☐ 7
8.	Bracing with feet or hands on a surface of the vehicle	☐ 8	☐ 8	☐ 8	☐ 8
9.	In the lap of another occupant	☐ 9	☐ 9	☐ 9	☐ 9
10.	Sharing a seat-sitting side by side	☐ 10	☐ 10	☐ 10	☐ 10
11.	In a child seat	☐ 11	☐ 11	☐ 11	☐ 11
12.	Other posture (specify):	☐ 12	☐ 12	☐ 12	☐ 12
13.	Unknown	☐ 13	☐ 13	☐ 13	☐ 13

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.

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, including treatment later? 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
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
D5. 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

E. INDIVIDUAL INJURY DESCRIPTION

E1. Identify which occupant is being reported on here:

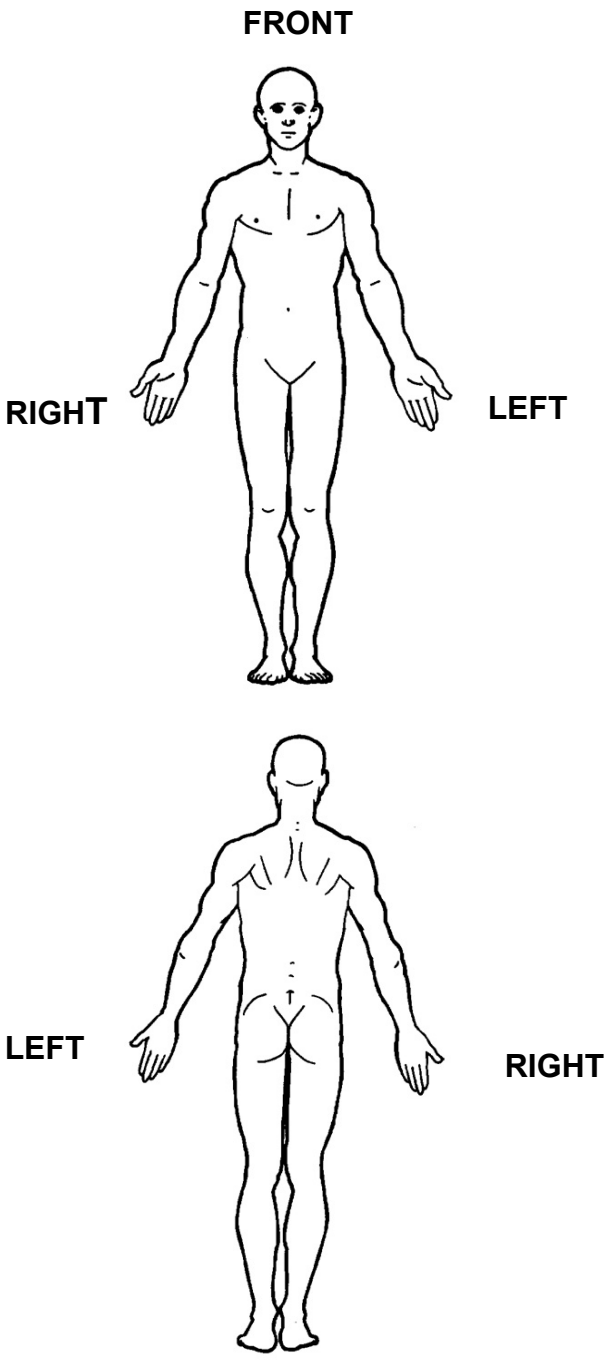
PSU Number ___ ___ Case Number ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

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



E. INDIVIDUAL INJURY DESCRIPTION

E3. Identify which occupant is being reported on here:

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

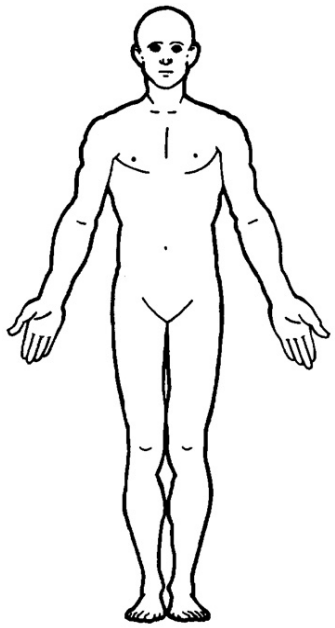
E4. Did occupant have any of the following injuries?

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

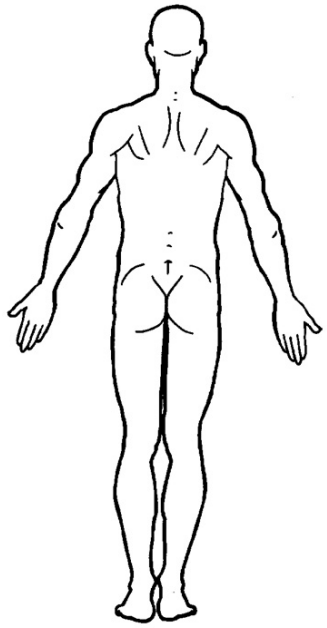
Annotate Injury, Location and Source

☐ No Injuries

FRONT



RIGHT **LEFT**



LEFT **RIGHT**

BACK

E. INDIVIDUAL INJURY DESCRIPTION

E5. Identify which occupant is being reported on here:

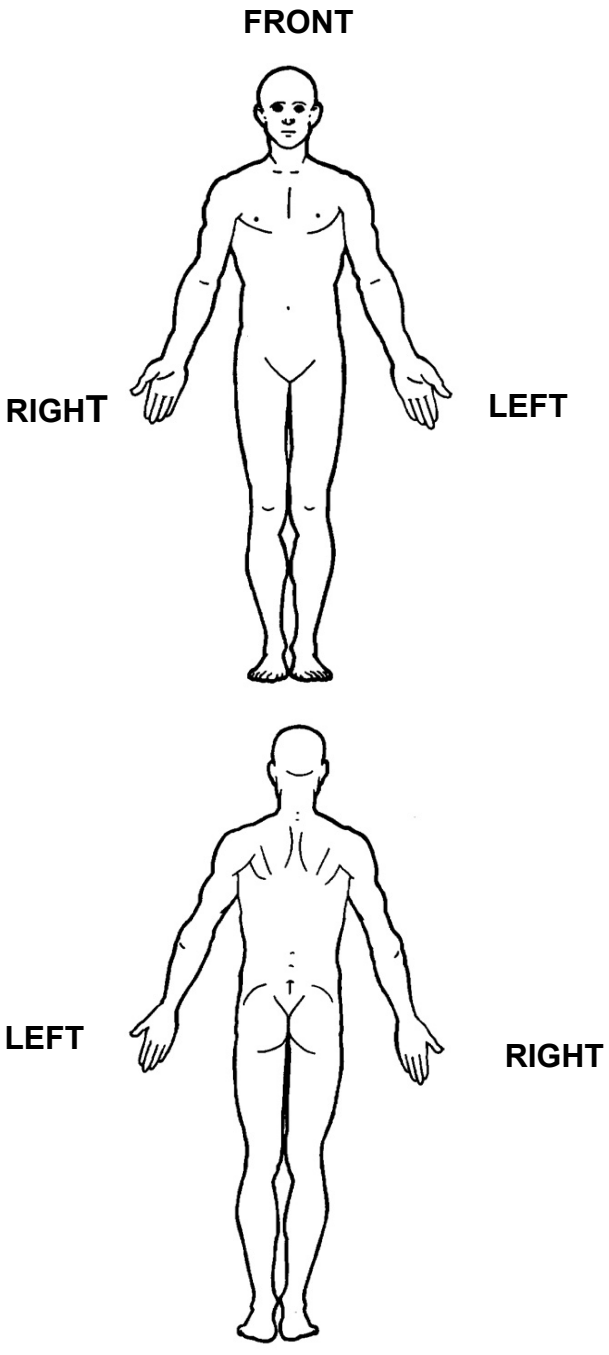
PSU Number ___ ___ Case Number ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

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



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