

# Interior Vehicle Form

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_

## Instrument Panel

### 1. Odometer Reading \_\_\_\_\_

- (000) No odometer
- (999) Unknown

Source: \_\_\_\_\_

\_\_\_\_\_

## Integrity

### 2. Passenger Compartment Integrity \_\_\_\_\_

(other than doors or windows)

- (00) No integrity loss
- (01) Integrity loss (e.g., due to bent or torn sheet metal or welds)

Describe nature and location \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Door, Tailgate or Hatch Opening— Post-impact (sun roof on fire form)

3. LF \_\_\_\_\_ 4. RF \_\_\_\_\_ 5. LR \_\_\_\_\_

6. RR \_\_\_\_\_ 7. TG/H \_\_\_\_\_

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (4) Other (specify): \_\_\_\_\_
- (9) Unknown

**Door, Tailgate or Hatch Opening—During early stage of fire** (may be different from post-impact due to occupant exit paths; code as "open" if propagation allowed by door/gate/hatch)

8. LF \_\_\_\_\_ 9. RF \_\_\_\_\_ 10. LR \_\_\_\_\_

11. RR \_\_\_\_\_ 12. TG/H \_\_\_\_\_

- (0) No door/gate/hatch
- (1) Door/gate/hatch closed
- (2) Door/gate/hatch open
- (3) Door/gate/hatch jammed shut
- (4) Other (specify): \_\_\_\_\_
- (8) Not applicable (N/A) or no fire
- (9) Unknown

### Glazing Damage from Occupant Contact

13. WS \_\_\_\_\_ 14. LF \_\_\_\_\_ 15. RF \_\_\_\_\_ 16. LR \_\_\_\_\_

17. RR \_\_\_\_\_ 18. BL \_\_\_\_\_ 19. Roof \_\_\_\_\_

20. Other: \_\_\_\_\_

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

**21. Source of information—glazing damage from occupant contact** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

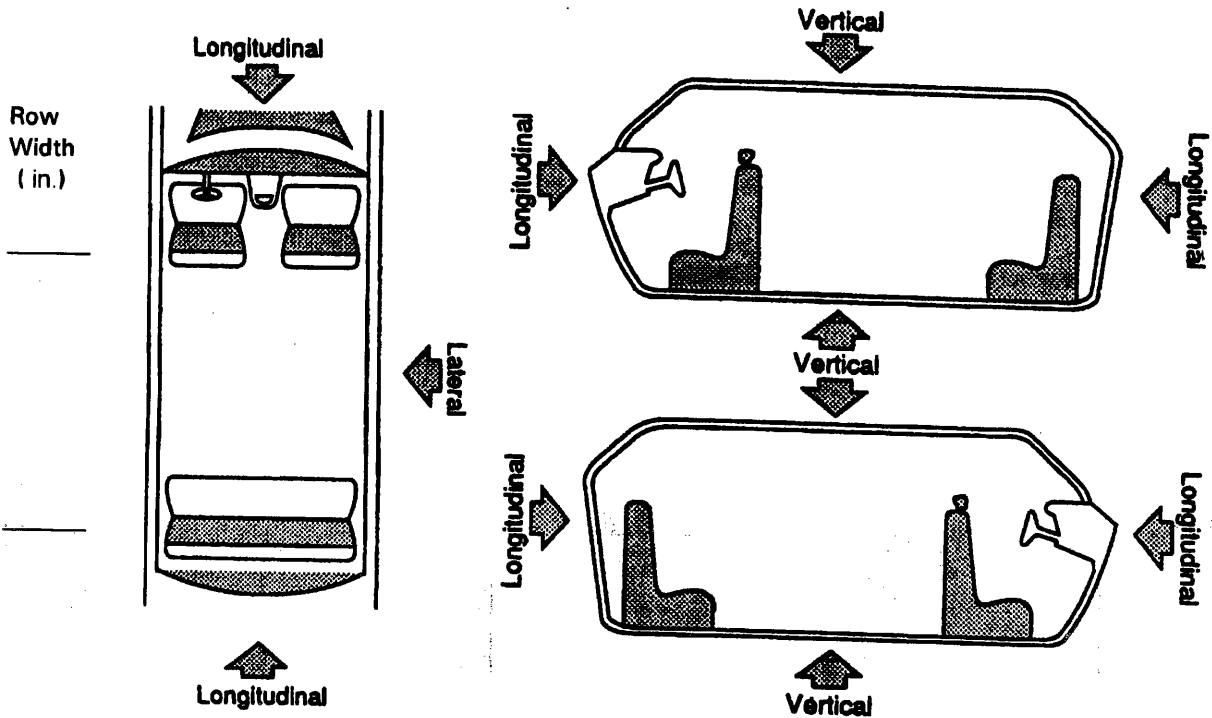
\_\_\_\_\_

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## Intrusion Worksheet (Note: Sketch Intruded Areas)

→ **No intrusion** \_\_\_\_\_



Record interior overall length, width, and height

Location of Intrusion	Intruded Component	Dominant Crush Direction

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## Occupant Area Intrusion

Note: If no intrusions, leave variables IV 22 - IV 30 blank.

Location of Impact Intrusion	Intruding Component	Dominant Crush Direction
22. _____	23. _____	24. _____
25. _____	26. _____	27. _____
28. _____	29. _____	30. _____

## Location of Intrusion

Front Seat	Second Seat	Third Seat
(11) Left	(21) Left	(31) Left
(12) Middle	(22) Middle	(32) Middle
(13) Right	(23) Right	(33) Right

## Intruding Component

### Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify):

\_\_\_\_\_

\_\_\_\_\_

## Exterior Components

No intrusion \_\_\_\_\_

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

## Dominant Crush Direction

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Interior Vehicle Form

Case Number \_\_\_\_\_

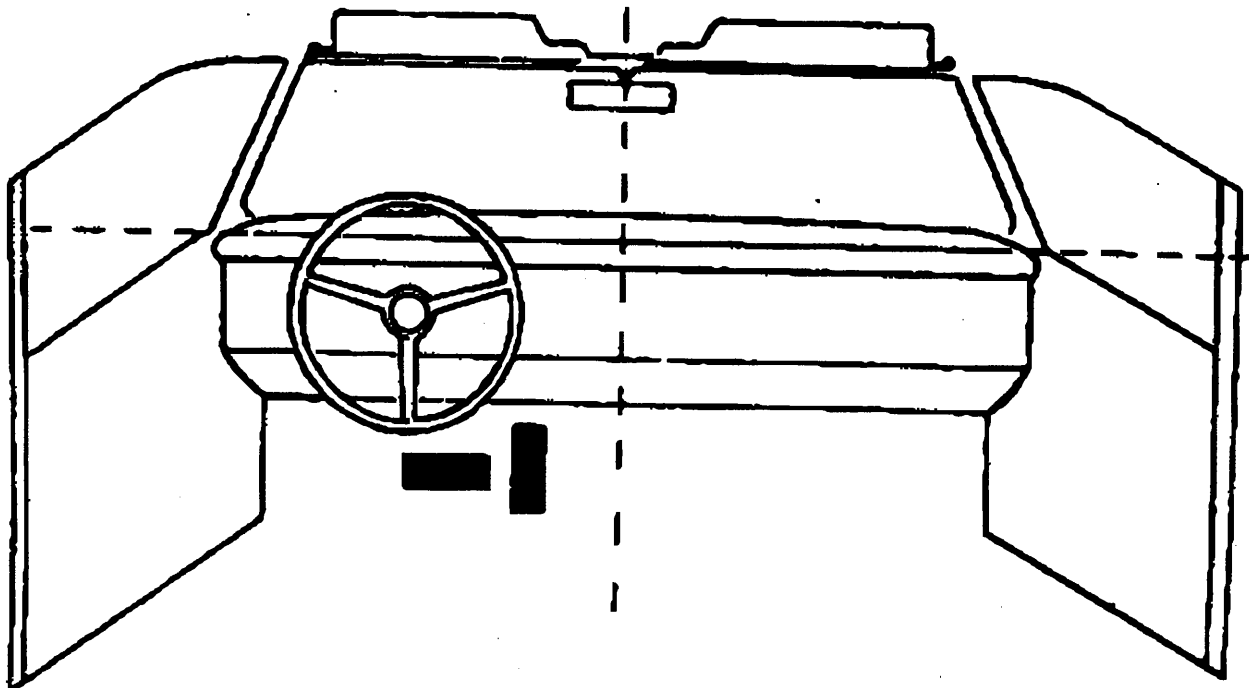
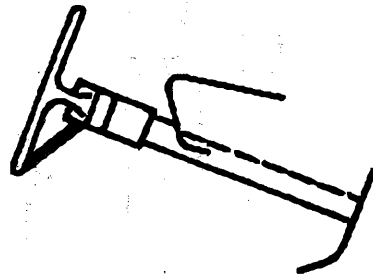
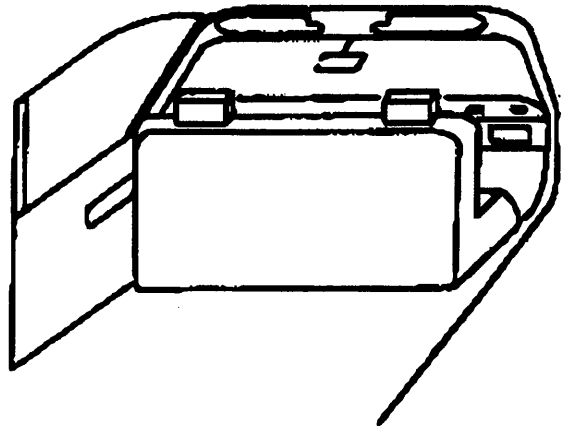
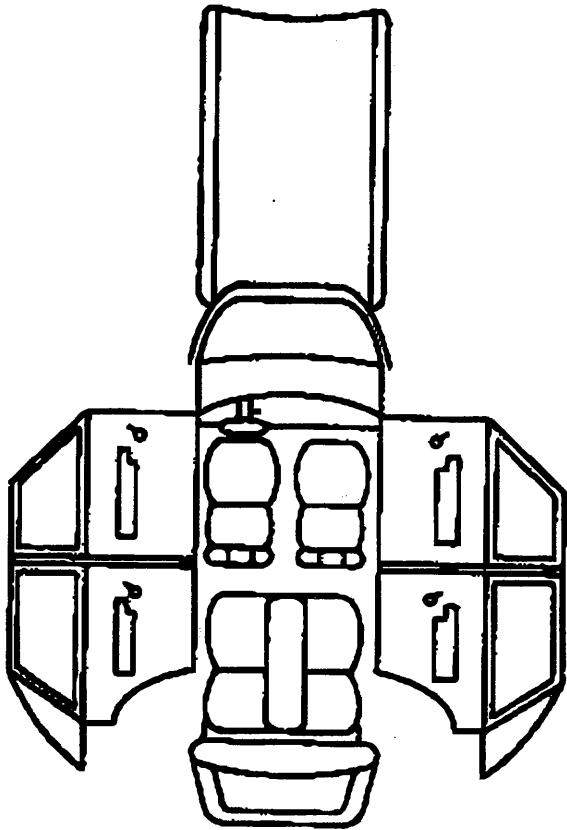
Vehicle Number \_\_\_\_\_

Investigator Number \_\_\_\_\_

## VEHICLE INTERIOR SKETCHES (for field use only)

→ **No contact** \_\_\_\_\_

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.  
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.  
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

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## POINTS OF OCCUPANT CONTACT

→ No contact \_\_\_\_\_

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

### CODES FOR INTERIOR COMPONENTS

**FRONT**

- (001) Windshield
- (002) Mirror
- (003) Sun visor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment(e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object, (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

**LEFT SIDE**

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

**RIGHT SIDE**

- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

**INTERIOR**

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

**AIR BAG**

- (170) Air bag-driver side
- (175) Air bag compartment cover-driver side
- (180) Air bag-passenger side
- (185) Air bag compartment cover-passenger side
- (190) Other air bag (specify) \_\_\_\_\_
- (195) Other air bag compartment cover (specify) \_\_\_\_\_

**ROOF**

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

**FLOOR**

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

**REAR**

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

**ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

**CONFIDENCE LEVEL OF CONTACT POINT**

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

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## MANUAL RESTRAINTS WORKSHEET

**Note:** Encode the applicable data for each occupied seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection than coded on the Occupant Assessment Form.

		Left	Center	Right
<b>FIRST SEAT ROW</b>	A—Availability			
	B—Evidence of Usage			
	C—Used in This Crash?			
	D—Proper Use			
	E—Failure Modes			
	F—Anchorage Adjustment			
<b>SECOND SEAT ROW</b>	A—Availability			
	B—Evidence of Usage			
	C—Used in This Crash?			
	D—Proper Use			
	E—Failure Modes			
	F—Anchorage Adjustment			
<b>THIRD SEAT ROW</b>	A—Availability			
	B—Evidence of Usage			
	C—Used in This Crash?			
	D—Proper Use			
	E—Failure Modes			
	F—Anchorage Adjustment			

**A—Manual (Active) Belt System**

**Availability**

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

- (9) Unknown

**B/C—Manual (Active) Belt System Use**

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (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): \_\_\_\_\_

- (99) Unknown if belt used

**D—Proper Use of Manual (Active) Belts**

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (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): \_\_\_\_\_

- (8) Other improper use of manual belt system (specify): \_\_\_\_\_

- (9) Unknown

**E—Manual (Active) Belt Failure Modes During Accident**

- (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 latch plate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_

- (8) Other manual belt failure (specify): \_\_\_\_\_

- (9) Unknown

**F—Shoulder Belt Upper Anchorage Adjustment**

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (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

# Interior Vehicle Form

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_

## AUTOMATIC RESTRAINTS WORKSHEET

**Note:** Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Injury Assessment Form.

### AIR BAGS

FIRST		Frontal Air Bags— Left Front	Frontal Air Bags— Right Front	Other Air Bag
	Availability/Function			
	Deployment			
	Failure			

**Air Bag System Availability/Function**

- (0) Not equipped/not available
- (1) Air bag
- Non-functional
- (2) Air bag disconnected (specify): \_\_\_\_\_
- (3) Air bag not reinstalled
- (9) Unknown

**Air Bag System Deployment (This Occupant Position)**

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, accident sequence undetermined
- (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

**Are There Indications of Air Bag System Failure? (This Occupant Position)**

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_
- (9) Unknown

### AUTOMATIC BELTS

FIRST		Left	Right
	A—Availability/Function		
	B—Use		
	C—Type		
	D—Proper Use		
	E—Failure Modes		

**A—Automatic (Passive) Belt System Availability Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown
- Non-functional
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**B—Automatic (Passive) Belt System Use**

- (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)
- (3) Automatic belt use unknown
- (9) Unknown

**C—Automatic (Passive) Belt System Type**

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**D—Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (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): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

**E—Automatic (Passive) Belt Failure Modes During Accident**

- (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 latch plate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

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## CHILD SAFETY SEAT FIELD ASSESSMENT WORKSHEET None present \_\_\_\_\_

**Note:** When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
7. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

- |  |  |
|--|--|
| <p><b>1. Type of Child Safety Seat</b><br/>                 (0) No child safety seat<br/>                 (1) Infant seat<br/>                 (2) Toddler seat<br/>                 (3) Convertible seat<br/>                 (4) Booster seat<br/>                 (7) Other type child safety seat (specify): _____<br/>                 (8) Unknown child safety seat type<br/>                 (9) Unknown if child safety seat used</p> <p><b>2. Child Safety Seat Orientation</b><br/>                 (00) No child safety seat</p> <p>Designed for Rear Facing for This Age/Weight<br/>                 (01) Rear facing<br/>                 (02) Forward facing<br/>                 (08) Other orientation (specify): _____<br/>                 (09) Unknown orientation</p> <p>Designed for Forward Facing for This Age/Weight<br/>                 (11) Rear facing<br/>                 (12) Forward facing<br/>                 (18) Other orientation (specify): _____<br/>                 (19) Unknown orientation</p> <p>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight<br/>                 (21) Rear facing<br/>                 (22) Forward facing<br/>                 (28) Other orientation (specify): _____<br/>                 (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p> | <p><b>3. Child Safety Seat Harness Usage</b></p> <p><b>4. Child Safety Seat Shield Usage</b></p> <p><b>5. Child Safety Seat Tether Usage</b><br/>                 Note: Options Below Are Used for Variables 3-5.<br/>                 (00) No child safety seat</p> <p>Not Designed with Harness/Shield/Tether<br/>                 (01) After market harness/shield/tether added, not used<br/>                 (02) After market harness/shield/tether used<br/>                 (03) Child safety seat used, but no after market harness/shield/tether added<br/>                 (09) Unknown if harness/shield/tether added or used</p> <p>Designed With Harness/Shield/Tether<br/>                 (11) Harness/shield/tether not used<br/>                 (12) Harness/shield/tether used<br/>                 (19) Unknown if harness/shield/tether used</p> <p>Unknown If Designed With Harness/Shield/Tether<br/>                 (21) Harness/shield/tether not used<br/>                 (22) Harness/shield/tether used<br/>                 (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p> <p><b>6. Child Safety Seat Make/Model</b><br/>                 (Specify make/model and occupant number)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|--|