

Occupant Injury Assessment Form—Engineers

Case Number _____ Vehicle Number _____ Investigator Number _____ Occupant Number (Position) _____

Occupant's Characteristics

1. Occupant's Age _____

Code actual age at time of accident.

(00) Less than one year old (specify by month): _____

(97) 97 years or older

(99) Unknown

2. Occupant's Gender _____

(1) Male

(2) Female—not reported pregnant

(3) Female—pregnant—1st trimester (1st-3rd month)

(4) Female—pregnant—2nd trimester (4th-6th month)

(5) Female—pregnant—3rd trimester (7th-9th month)

(6) Female—pregnant—term unknown

(9) Unknown

3. Occupant's Height _____

Code actual height to the nearest inch

(999) Unknown

4. Occupant's Weight _____

Code actual weight to the nearest pound

(999) Unknown

5. Occupant's Role _____

(1) Driver

(2) Passenger

(3) Unknown

Occupant's Seating

6. Occupant's Seat Position _____

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

7. Occupant's Posture _____

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

8. Ejection _____

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

9. Ejection Path _____

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other path (e.g., back of pickup, etc.) (specify): _____

(9) Unknown

10. Ejection Medium _____

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify): _____

(5) Integral structure

(8) Other medium (specify): _____

(9) Unknown

11. Medium Status (immediately prior to impact) _____

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

12. Entrapment _____

(0) Not entrapped/exit not inhibited

(1) Entrapped/pinned—mechanically restrained

(2) Could not exit vehicle due to jammed doors, fire, etc. (specify): _____

(9) Unknown

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13. Occupant Mobility _____

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons (specify): _____
- (9) Unknown

Belt System Function

14. 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

15. Manual (Active) Belt System Use _____

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (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

16. 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

17. 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

18. Manual Shoulder Belt Upper Anchorage Adjustment _____

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

Adjustable Shoulder Belt Upper Anchorage

- (2) In full or up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

19. 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

Nonfunctional

- (4) Automatic belt destroyed or rendered inoperative
- (9) Unknown

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20. Automatic (Passive) Belt System Use/Function _____

- (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) (specify): _____
- _____
- (3) Automatic belt use unknown
- (9) Unknown

21. Automatic (Passive) Belt System Type _____

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

22. 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

23. 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

Police Reported Restraint Use

24. Police Reported Belt Use _____

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt (specify): _____
- _____
- (9) Police indicated "unknown"

25. Police Reported Air Bag Availability/Function _____

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (5) Police indicated "unknown"
- (9) Unknown

26. Check the Primary Source Used in Determining Belt Use

- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify): _____
- Unknown if belt used: _____

27. Frontal Air Bag System Availability/Function _____

- (This Occupant Position)
- (0) Not equipped/not available
 - (1) Air bag

Nonfunctional

- (8) Air bag disconnected (specify): _____
- _____
- (3) Air bag not reinstalled
- (9) Unknown

28. Frontal 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, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (6) Nondeployed
 - (9) Unknown

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29. Other Than First Seat Frontal Air Bag Availability/Function _____

- (0) Not equipped/not available
- (1) Air bag

Nonfunctional

(2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present: _____

30. Air Bag Deployment, Other Than First Seat Front (This Occupant Position) _____

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (6) Nondeployed
- (9) Unknown

31. Seat Performance (This Occupant Position) _____

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Child Safety Seat

32. Type of Child Safety Seat _____

- (0) No child safety seat this position
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat—with shield
- (5) Booster seat—without shield
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

33. Child Safety Seat Orientation _____

(00) No child safety seat this position

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Unknown orientation (specify): _____

(29) Unknown orientation

(99) Unknown if child safety seat used

34. Child Safety Seat Harness, Shield, and Tether Usage _____

(00) No child safety seat this position

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown if Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

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Injury Consequences

35. Injury Severity (Police Rating) _____

- (0) O—No injury
- (1) C—possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

36. Treatment—Mortality _____

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease (specify): _____

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (7) Treatment—other (specify): _____
- (8) Transported to a medical facility—unknown if treated
- (9) Unknown

37. Type of Medical Facility (for Initial Treatment) _____

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify): _____

(9) Unknown

38. Hospital Stay _____

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in the hospital
- (61) 61 days or more
- (99) Unknown

39. Intensive Care Unit Stay _____

- (00) Not Admitted to Intensive Care Unit
- _____ Code the number of days (up through 60) that the occupant remained in the Intensive Care Unit
- (61) 61 days or more
- (99) Unknown

40. Working Days Lost _____

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (98) Days lost, recovery not complete
- (99) Unknown