

## Case Summary Worksheet

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

### A. Description of the Incident Sequence and Incident Peculiarities

(Provide a summary of the incident sequence as well as any particular event of the incident that is noteworthy. Use this for taking notes—crash narrative developed elsewhere.)

### B. Impact Sequence for Vehicle 1 (Fire Vehicle)

Impact Sequence No.	Object/Vehicle Contacted	Notes

### C. Vehicle Profile(s)

Vehicle No.	Year/Make/Model	Most Severe Collision Damage Based on Vehicle Inspection		Component Failure
		Damage Plane	Severity Description	

# Case Summary Worksheet

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

## D. Person Profiles(s) (Information from file documents and interviews)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury—Medical Reviewer			
				Body Region	Injury Type	AIS	Injury Source

### Body Region

Abdomen  
 Ankle—foot  
 Arm (upper)  
 Back-thoracolumbar spine  
 Brain  
 Chest  
 Ears  
 Eye  
 Elbow  
 Face  
 Forearm  
 Head—skull  
 Heart  
 Kidneys  
 Knee  
 Leg (lower)  
 Liver  
 Lower limbs(s) (whole or unknown part)  
 Mouth  
 Neck—cervical spine  
 Nose

Pelvic—hip  
 Pulmonary—lungs  
 Shoulder  
 Spleen  
 Thigh  
 Thyroid, other endocrine gland  
 Upper limb(s) (whole or unknown part)  
 Vertebrae  
 Whole body  
 Wrist—hand

### Injury Type

Injury Type  
 Abrasion  
 Amputation  
 Avulsion  
 Burn  
 Concussion  
 Contusion  
 Crush  
 Detachment, separation  
 Dislocation

Fracture  
 Fracture and dislocation  
 Laceration  
 Other  
 Perforation, puncture  
 Rupture  
 Sprain  
 Strain  
 Total severance, transection  
 Unknown

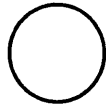
### Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

# Case Summary Worksheet—Accident Diagram

Case Number \_\_\_\_\_  
**Incident Diagram**

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



North

Use this diagram to sketch critical positions and events  
to summarize collision

# General Vehicle Form

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

## Vehicle Identification

## Official Records

**1. Incident Time and Date**

(a) Date of incident (MM/DD/YY)      \_\_\_ / \_\_\_ / \_\_\_

(b) Time of incident (military)      \_\_\_\_\_

**2. Vehicle Model Year**

Code the last two digits of the model year  
(99) Unknown      \_\_\_\_\_

**3. Vehicle Make and Model**

a. Make \_\_\_\_\_

b. Model \_\_\_\_\_

**4. Vehicle Type**

P = passenger car      M = medium truck  
L = light truck      H = heavy truck  
V = van      O = other  
U = utility vehicle

**5. Vehicle Identification Number (VIN)**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify: slash zeros and letter Z ( 0 and Z )  
No VIN—Code all zeros  
Unknown—Code all "?" in any unknown digits

**6. Vehicle Special Use (This Trip)**

- (0) No special use
- (1) Taxi
- (2) Commercial
- (3) Vehicle used as bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) Fire truck or car
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**7. Trailer towed**    Yes    No

Describe \_\_\_\_\_

**8a. Document Log** (List reports, records, photos in hand)

\_\_\_\_\_

\_\_\_\_\_

**8b. Documents Available** (List reports, records, photos available but not in hand)

\_\_\_\_\_

\_\_\_\_\_

**9. Police Reported Vehicle Disposition**

- (0) Not towed due to vehicle damage
- (1) Towed due to vehicle damage
- (9) Unknown

**10. Police Reported Travel Speed**

Code to the nearest mph  
(NOTE: 000 means less than 0.5 mph)  
(888) None  
(999) Unknown

**11. Speed Limit**

(000) No statutory limit  
Code posted or statutory speed limit in mph  
(999) Unknown

**12a. Driver and Other Contributing Factors**

(Check either driver or other contributing factor)

\_\_\_ Driver      \_\_\_ Other contributing factor

\_\_\_ Impact sequence number

Describe \_\_\_\_\_

**12b. Driver and Other Contributing Factors**

(Check either driver or other contributing factor)

\_\_\_ Driver      \_\_\_ Other contributing factor

\_\_\_ Impact sequence number

Describe \_\_\_\_\_

**12c. Driver and Other Contributing Factors**

(Check either driver or other contributing factor)

\_\_\_ Driver      \_\_\_ Other contributing factor

\_\_\_ Impact sequence number

Describe \_\_\_\_\_

**12d. Driver and Other Contributing Factors**

(Check either driver or other contributing factor)

\_\_\_ Driver      \_\_\_ Other contributing factor

\_\_\_ Impact sequence number

Describe \_\_\_\_\_

Add more pages to include more contributing factors

# General Vehicle Form (Vehicle 1 Only)

Complete for each impact

Case Number \_\_\_\_\_ Vehicle Number 1 Impact Sequence Number \_\_\_\_\_ Investigator Number \_\_\_\_\_

## Pre-crash Environmental Data

### 13. Relation to Interchange or Junction \_\_\_\_\_

- (0) Non-interchange area and non-junction
- (1) Interchange area related

#### *Non-interchange junctions*

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify): \_\_\_\_\_

- (5) Unknown type of junction
- (9) Unknown

### 14. Relation to Roadway (at impact or ignition of non-collision fire) \_\_\_\_\_

- (1) On roadway
- (2) Shoulder
- (3) Median
- (4) Roadside
- (5) Outside right-of-way
- (6) Off roadway—location unknown
- (7) In parking lane
- (8) Gore
- (9) Unknown

### 15. Trafficway Flow \_\_\_\_\_

- (0) Not physically divided (two-way traffic)
- (1) Divided trafficway—minimum 1.2 m wide median strip without manufactured barrier
- (2) Divided trafficway—median strip with manufactured barrier
- (3) One-way traffic
- (9) Unknown

### 16. Number of Travel Lanes \_\_\_\_\_

- (1) One
  - (2) Two
  - (3) Three
  - (4) Four
  - (5) Five
  - (6) Six
  - (7) Seven or more
  - (9) Unknown
- (If trafficway not physically divided, count total lanes; otherwise (if divided), count lanes in direction of travel)

### 17. Roadway Alignment \_\_\_\_\_

- (1) Straight
- (2) Curve right
- (3) Curve left
- (9) Unknown

### 18. Roadway Profile \_\_\_\_\_

- (1) Level
- (2) Uphill grade (>2%)
- (3) Hill crest
- (4) Downhill grade (> 2%)
- (5) Sag
- (6) Grade unknown
- (9) Unknown

### 19. Roadway Surface Type \_\_\_\_\_

- (1) Concrete
- (2) Bituminous (asphalt)
- (3) Brick or block
- (4) Slag, gravel, or stone
- (5) Dirt
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

### 20. Roadway Surface Condition \_\_\_\_\_

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

### 21. Light Conditions \_\_\_\_\_

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

### 22. Atmospheric Conditions \_\_\_\_\_

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_
- (9) Unknown

### 23. Traffic Control Device \_\_\_\_\_

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

#### *Regulatory*

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing) (specify): \_\_\_\_\_

- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

- (9) Unknown

### 24. Traffic Control Device Functioning \_\_\_\_\_

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): \_\_\_\_\_
- (2) Traffic control device functioning properly
- (9) Unknown

# General Vehicle Form (Vehicle 1 Only)

Complete for each impact

Case Number \_\_\_\_\_ Vehicle Number 1 Impact Sequence Number \_\_\_\_\_ Investigator Number \_\_\_\_\_

## Pre-Incident Driver Related Data

### 25. Driver's Distraction or Activity \_\_\_\_\_

(Prior To Recognition Of Critical Event)

- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see

#### Distractions

(03) By other occupant(s) (specify): \_\_\_\_\_

(04) By moving object in vehicle (specify): \_\_\_\_\_

(05) While talking or listening to cellular phone  
(specify location and type of phone): \_\_\_\_\_

(06) While dialing cellular phone (specify location and  
type of phone): \_\_\_\_\_

(07) While adjusting climate controls

(08) While adjusting radio, cassette, CD (specify): \_\_\_\_\_

(09) While using other device/controls integral to vehicle  
(specify): \_\_\_\_\_

(10) While using or reaching for device/object brought  
into vehicle (specify): \_\_\_\_\_

(11) Sleepy or fell asleep

(12) Distracted by outside person, object, or event  
(specify): \_\_\_\_\_

(13) Eating or drinking

(14) Smoking related

(97) Distracted/inattentive, details unknown

(98) Other distraction (specify): \_\_\_\_\_

(99) Unknown

### 26. Pre-Event Movement \_\_\_\_\_

(Prior to Recognition of Critical Event)

- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a  
previous critical event
- (97) Other (specify): \_\_\_\_\_
- (99) Unknown

### 27. Critical Pre-Incident Event \_\_\_\_\_

#### THIS VEHICLE LOSS OF CONTROL DUE TO:

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off)  
(specify): \_\_\_\_\_
- (04) Non-disabling vehicle problem (e.g., hood flew up)  
(specify): \_\_\_\_\_
- (05) Poor road conditions (puddle, pot hole, ice; etc.)  
(specify): \_\_\_\_\_
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): \_\_\_\_\_
- (09) Unknown cause of control loss

#### THIS VEHICLE TRAVELING:

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) Departure from end of road
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

Critical Pre-Incident Event Options Continued  
on Next Page ...

# General Vehicle Form (Vehicle 1 Only)

Complete for each impact

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

Vehicle Number 1

Impact Sequence Number \_\_\_\_\_

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

## Critical Pre-Incident Event Options (Continued)

### OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

### OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

### PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

### OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): \_\_\_\_\_

(99) Unknown

## 28. Attempted Avoidance Maneuver \_\_\_\_\_

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): \_\_\_\_\_
- (99) Unknown

## 29. Pre-Incident Stability \_\_\_\_\_

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): \_\_\_\_\_
- (8) Skidding – direction unknown
- (9) Precrash stability unknown

## 30. Pre-Incident Location \_\_\_\_\_

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

## 31. Incident Type \_\_\_\_\_

(Note: Applicable codes on next page)

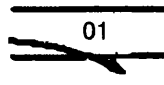
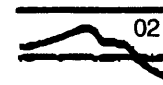
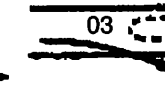
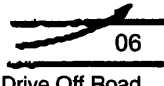
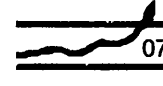
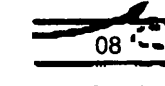

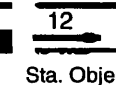



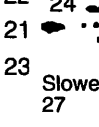
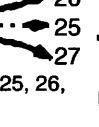
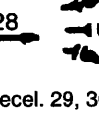
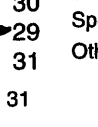
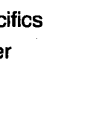
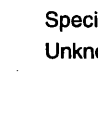
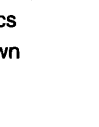

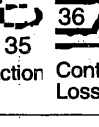
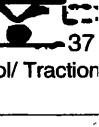
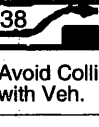

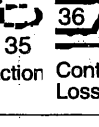
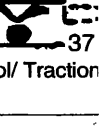
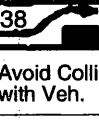
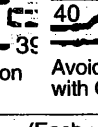
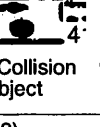
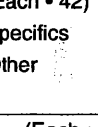
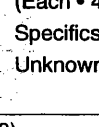
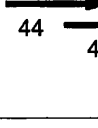
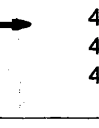
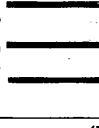

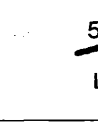
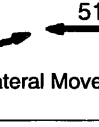

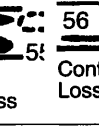


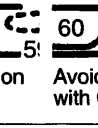

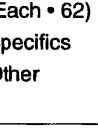
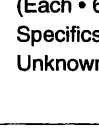
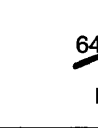
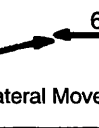
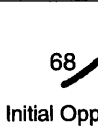

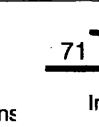
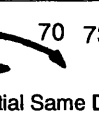

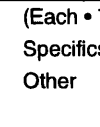
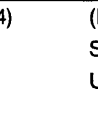
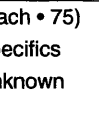
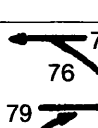

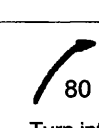
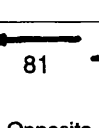
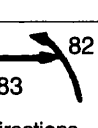
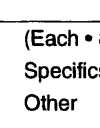
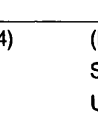
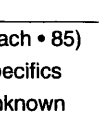
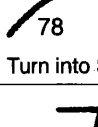
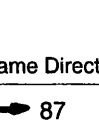
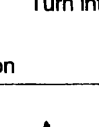
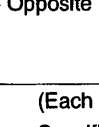
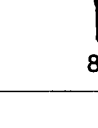
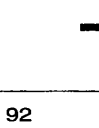
- (00) No impact  
Code the number of the diagram that best describes the incident circumstance
- (98) Other incident type (specify): \_\_\_\_\_

(99) Unknown

# General Vehicle Form

Complete for each impact

Case Number \_\_\_\_\_ Vehicle Number 1 Impact Sequence Number \_\_\_\_\_ Investigator Number \_\_\_\_\_

Category	Configuration	Incident Types (includes intent)													
I Single Driver	A Right Roadside Departure	01 	02 	03 	04 Specifics Other	05 Specifics Unknown									
	B Left Roadside Departure	06 	07 	08 	09 Specifics Other	10 Specifics Unknown									
	C Forward Impact	11 	12 	13 	14 	15 Specifics Other	16 Specifics Unknown								
II Same Trafficway Same Direction	D Rear-End	20 	21 	22 	23 	24 	25 	26 	27 	28 	29 	30 	31 	32 Specifics Other	33 Specifics Unknown
	E Forward Impact	34 	35 	36 	37 	38 	39 	40 	41 	42 Specifics Other	43 Specifics Unknown				
	F Sideswipe Angle	44 	45 	46 	47 	48 Specifics Other	49 Specifics Unknown								
III Same Trafficway Opposite Direction	G Head-On	50 	51 	(Each • 52) Specifics Other		(Each • 53) Specifics Unknown									
	H Forward Impact	54 	55 	56 	57 	58 	59 	60 	61 	62 Specifics Other	63 Specifics Unknown				
	I Sideswipe Angle	64 	65 	(Each • 66) Specifics Other		(Each • 67) Specifics Unknown									
IV Change Trafficway Vehicle Turning	J Turn Across Path	68 	69 	70 	71 	72 	73 	74 	75 	76 Specifics Other	77 Specifics Unknown				
	K Turn Into Path	76 	77 	78 	79 	80 	81 	82 	83 	84 Specifics Other	85 Specifics Unknown				
V Intersecting Paths (Vehicle Damage)	L Straight Paths	86 	87 	88 	89 	(Each • 90) Specifics Other		(Each • 91) Specifics Unknown							
VI Miscellaneous	M Backing Etc.	92 	93 	98 Other Incident Type 99 Unknown Incident Type 00 No Impact											



# Exterior Vehicle Form

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

**Vehicle Identification**

VIN \_\_\_\_\_

Model Year \_\_\_\_\_

Vehicle Make (specify): \_\_\_\_\_

Vehicle Type (specify): \_\_\_\_\_

Vehicle Model (specify): \_\_\_\_\_

P = passenger car  
L = light truck  
V = van  
U = utility vehicle

M = medium truck  
H = heavy truck  
O = other

Body Type \_\_\_\_\_

(e.g., 4-door sedan, 2-door convertible, etc.)

Number of doors (double doors count as one, \_\_\_\_\_ hatch not counted)

Note: Resolve discrepancies in vehicle information from General Vehicle Form page 1

Location of Inspection \_\_\_\_\_ Date \_\_\_\_\_

**Is This a Multi-Stage Manufactured Vehicle?  
and/or a Certified Altered Vehicle?** \_\_\_\_\_

(0) No post-manufacturer modifications

(1) Yes—post-manufacturer modifications (specify):  
\_\_\_\_\_  
\_\_\_\_\_

(Include photograph of CERTIFICATION PLACARD in case report)

(9) Unknown if vehicle is modified

**Damage Location**

Locate the ends of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Impact Sequence No.	Location of Direct Damage	Location of Direct and Induced Damage	Location of Max Crush	PDOF

# Exterior Vehicle Form

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

## Crush Profile in Inches

Notes: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Impact Sequence Number	Plane of Impact C-Measurements	Direct Damage		L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	± D
		Width (CDC)	Max Crush								

## Original Specifications Worksheet (Undamaged Vehicle Dimensions)

Total Station Checklist:

Method of Crush Measurement

Record:

- Three or more undamaged points on vehicle (not three in one line)
- Wheelbase — center to center of axles
- Sufficient number of points to characterize crush
- Maximum crush
- Sufficient number of points for general characterization of intrusion
- File name

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# Exterior Vehicle Form

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

## Vehicle Damage Sketch

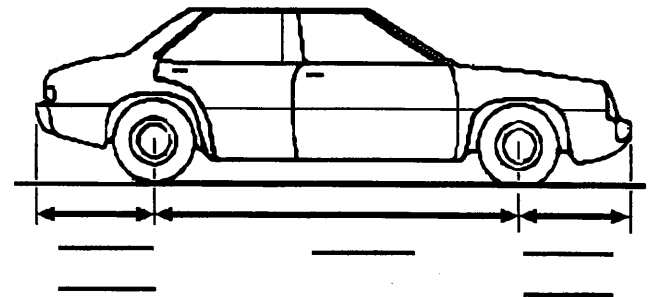
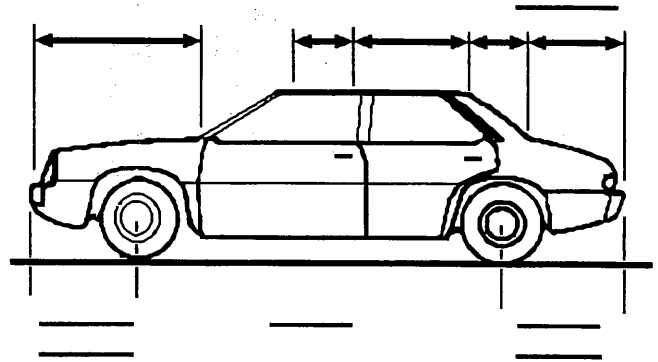
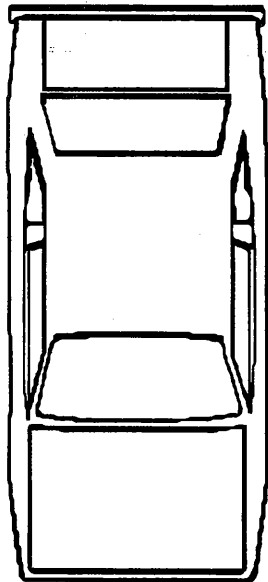
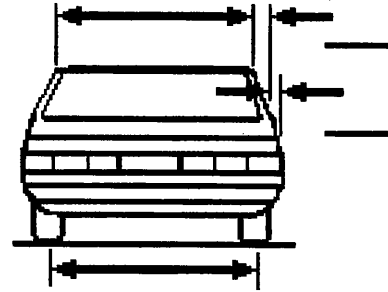
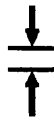
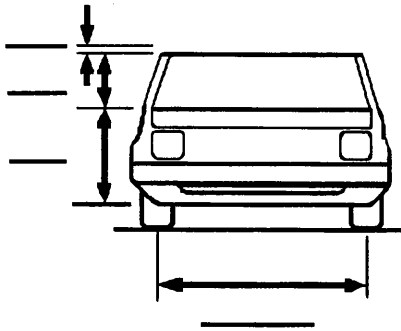
Tire—Wheel Damage	Original Specifications Worksheet	Drive Wheels															
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">a. Wheel damage</td> <td style="width: 33%;">b. Rotation physically restricted</td> <td style="width: 33%;">c. Tire Deflated</td> </tr> <tr> <td>RF _____</td> <td>RF _____</td> <td>RF _____</td> </tr> <tr> <td>LF _____</td> <td>LF _____</td> <td>LF _____</td> </tr> <tr> <td>RR _____</td> <td>RR _____</td> <td>RR _____</td> </tr> <tr> <td>LR _____</td> <td>LR _____</td> <td>LR _____</td> </tr> </table> <p>(1) None (2) Impact damage (3) Heat damage (4) Heat and impact damage (9) Unknown</p>	a. Wheel damage	b. Rotation physically restricted	c. Tire Deflated	RF _____	RF _____	RF _____	LF _____	LF _____	LF _____	RR _____	RR _____	RR _____	LR _____	LR _____	LR _____	Wheelbase _____ in. Overall Length _____ in. Maximum Width in. Curb Weight _____ lb. Average Track _____ in. Front Overhang in. Rear Overhang _____ in. Undeformed End Width _____ in.	<p style="text-align: center;">[ ] FWD    [ ] RWD    [ ] 4WD</p> <hr/> Transmission <p style="text-align: center;">Auto _____    Manual _____</p> <hr/> Engine Size: # cyl./displ _____ / _____ L (cu in.)
a. Wheel damage	b. Rotation physically restricted	c. Tire Deflated															
RF _____	RF _____	RF _____															
LF _____	LF _____	LF _____															
RR _____	RR _____	RR _____															
LR _____	LR _____	LR _____															
<b>End Shift ≥ 4 inches</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>End Shift Direction</b> <input type="checkbox"/> No shift of damaged area <input type="checkbox"/> Vertical up <input type="checkbox"/> Vertical down <input type="checkbox"/> Lateral right <input type="checkbox"/> Lateral left	<b>Approximate Cargo Weight _____ lbs. excluding occupants</b>															

# Exterior Vehicle Form

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

**Worksheet**—Measurement in inches  
(Use to gather data necessary to interpret crush and intrusion measurements)

**Indicate collision damage**



Notes: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

# 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** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

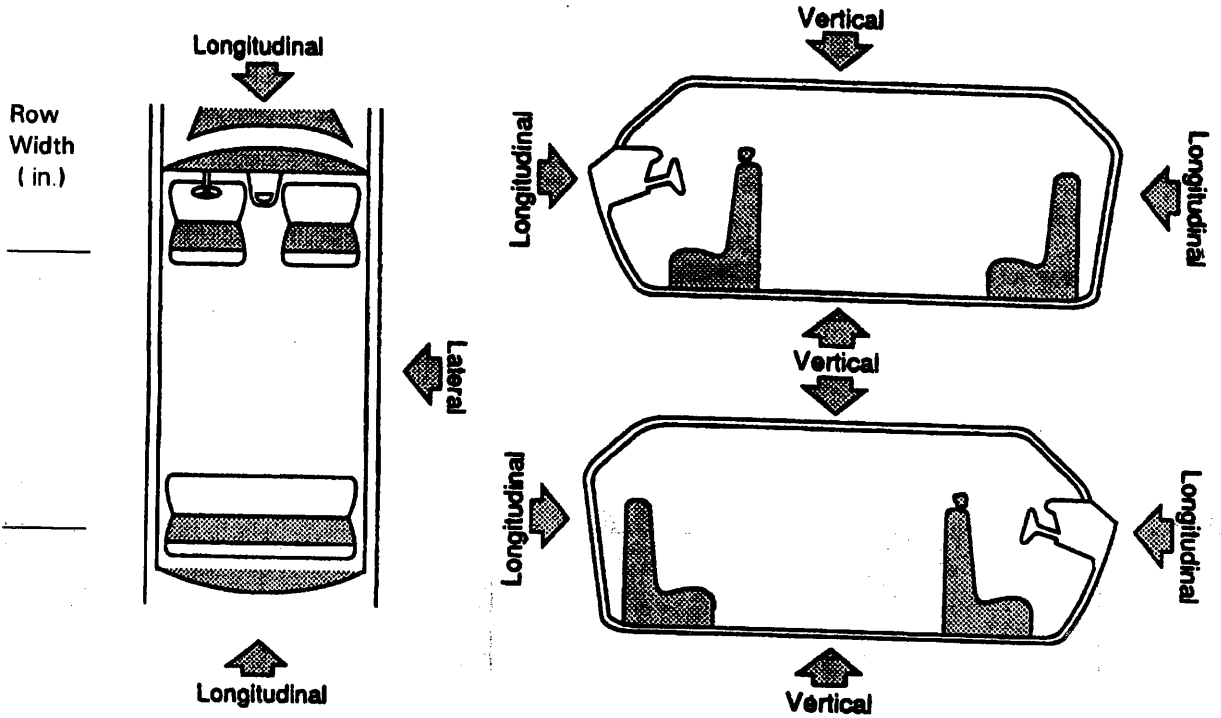
\_\_\_\_\_

# Interior Vehicle Form

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

## Intrusion Worksheet (Note: Sketch Intruded Areas)

→ **No intrusion** \_\_\_\_\_



Record interior overall length, width, and height

Location of Intrusion	Intruded Component	Dominant Crush Direction

# Interior Vehicle Form

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

## 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):

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## 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

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# Interior Vehicle Form

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

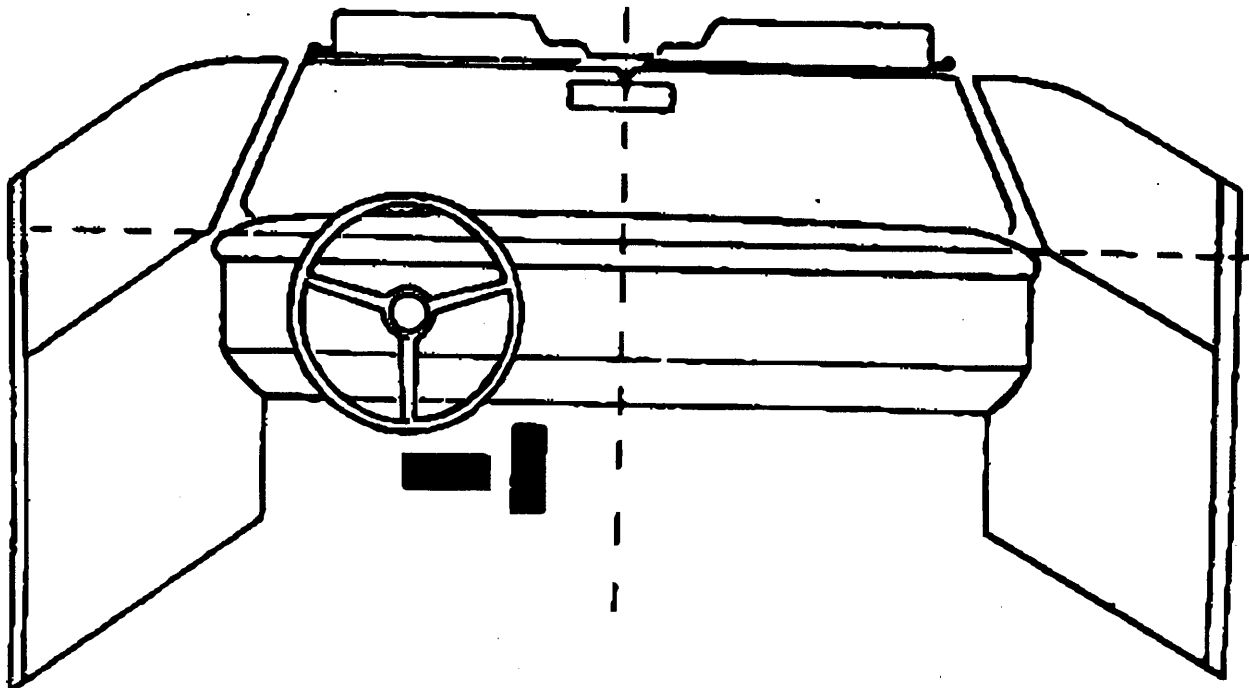
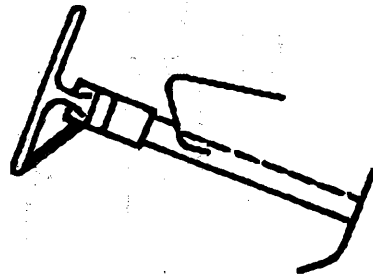
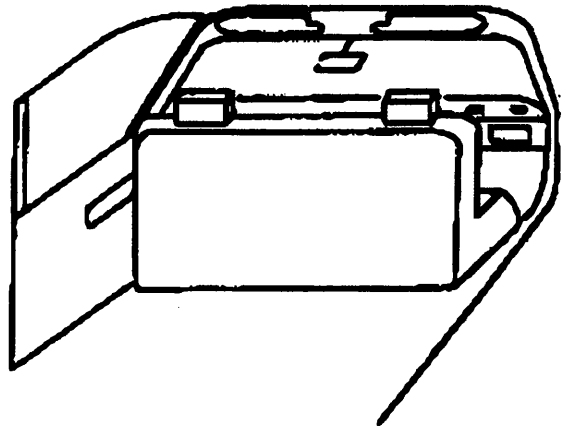
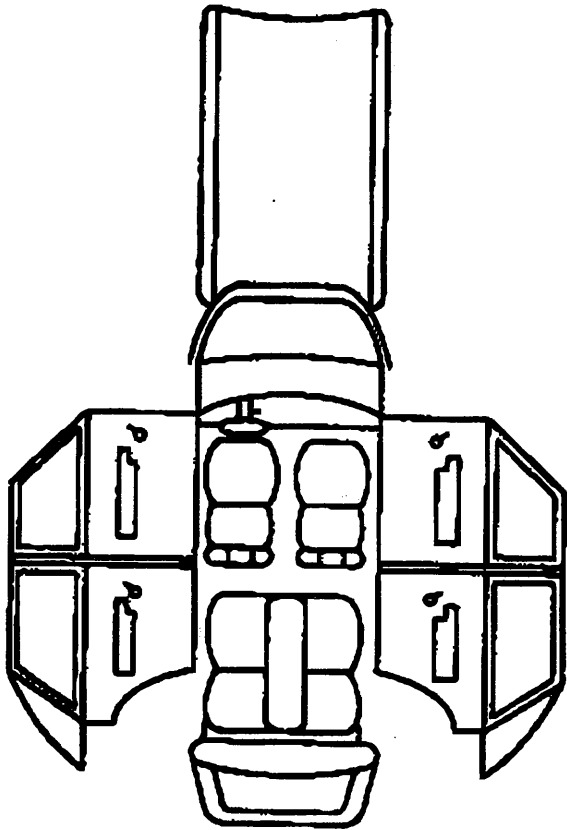
Vehicle Number \_\_\_\_\_

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.



# Interior Vehicle Form

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

## 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

# Interior Vehicle Form

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

## 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
FIRST SEAT ROW	A—Availability			
	B—Evidence of Usage			
	C—Used in This Crash?			
	D—Proper Use			
	E—Failure Modes			
	F—Anchorage Adjustment			
SECOND SEAT ROW	A—Availability			
	B—Evidence of Usage			
	C—Used in This Crash?			
	D—Proper Use			
	E—Failure Modes			
	F—Anchorage Adjustment			
THIRD SEAT ROW	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

# Interior Vehicle Form

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

## 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> |
|--|--|

# Field Fire Investigation Form

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

## GENERAL—EXTERIOR

**1. Extent of Fire Damage**  
**% of Vehicle with Fire Damage** \_\_\_\_\_

**2. Exterior Impact and Fire Damage**

	None	Impact damage	Heat damage	Impact and heat	Consumed	Not applicable	Unknown
(0) Hood							
(1) Roof							
(2) Decklid (Hatch)							
(3) Bed (Pickup)							
<b>Right Side</b>							
(4) Front Fender							
(5) Front Door							
(6) Rear Door							
(7) Rear Fender							
<b>Left Side</b>							
(8) Front Fender							
(9) Front Door							
(10) Rear Door							
(11) Rear Fender							
(12) Front Grille Bumper							
(13) Rear Bumper, Back Plane							

**3. Fuel Tank #1 Filler Cap Location** \_\_\_\_\_

- (1) On back plane
  - (2) Aft of center of the rear wheels (rear axle) on left side plane
  - (3) Aft of center of the rear wheels (rear axle) on right side plane
  - (4) Forward of center of the rear wheels (rear axle) on left side plane
  - (5) Forward of center of the rear wheels (rear axle) on right side plane
  - (6) Over the center of the rear wheels (rear axle) on left side plane
- (Continued ...)

- (7) Over the center of the rear wheels (rear axle) on right side plane
- (8) Other (specify): \_\_\_\_\_

(9) Unknown

**4. Fuel Tank #1 Filler Cap Presence** \_\_\_\_\_

- (0) Not present
- (1) Present, mis-installed
- (2) Present
- (3) Consumed
- (8) Not applicable (N/A)
- (9) Unknown

**5. Fuel Tank #2 Filler Cap Location** \_\_\_\_\_

- (0) No fuel tank
- (1) On back plane
- (2) Aft of center of the rear wheels (rear axle) on left side plane
- (3) Aft of center of the rear wheels (rear axle) on right side plane
- (4) Forward of center of the rear wheels (rear axle) on left side plane
- (5) Forward of center of the rear wheels (rear axle) on right side plane
- (6) Over the center of the rear wheels (rear axle) on left side plane
- (7) Over the center of the rear wheels (rear axle) on right side plane
- (8) Other (specify): \_\_\_\_\_

(9) Unknown

**6. Fuel Tank #2 Filler Cap Presence** \_\_\_\_\_

- (0) Not present
- (1) Present, mis-installed
- (2) Present
- (3) Consumed
- (8) Not applicable (N/A)
- (9) Unknown

**Attach additional forms for more than 2 filler caps**

**7. Miscellaneous Exterior Details**

- (0) All OEM Components
- (1) List Non-OEM Components (trailer hitches, running boards, light bars, etc. (specify): \_\_\_\_\_

# Field Fire Investigation Form

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

## ENGINE COMPARTMENT

- 8. Fuel Type** \_\_\_\_\_
- (0) Gasoline
  - (1) Diesel
  - (2) Propane
  - (3) Other (specify): \_\_\_\_\_

- 9. Engine Direction** \_\_\_\_\_
- (0) Longitudinal
  - (1) Transverse

- 10. Exhaust Manifold Position in Engine Compartment (with respect to vehicle)**  
(check all that apply)

- Right \_\_\_\_\_
- Left \_\_\_\_\_
- Front \_\_\_\_\_
- Rear \_\_\_\_\_
- Other \_\_\_\_\_

- 11. Engine Compartment Fire Damage** \_\_\_\_\_
- (0) No heat
  - (1) Minor heat (some consumables)
  - (2) Moderate heat
  - (3) Major heat (little or no consumables remaining)

- 12. Fuel Pump Type** \_\_\_\_\_
- (0) Mechanical
  - (1) Electric (in tank)
  - (2) Electric (outside tank)
  - (3) Other (specify): \_\_\_\_\_
  - (9) Unknown

**Cooling System**

- 13. Radiator Cap** \_\_\_\_\_
- (0) Cap missing
  - (1) Cap present
  - (2) No cap by design
  - (9) Unknown

- 14. Radiator Fluid** \_\_\_\_\_
- (0) No fluid
  - (1) Fluid present in radiator
  - (9) Unknown

- 15. Radiator Impact Damage** \_\_\_\_\_
- (0) No damage—Not displaced
  - (1) No damage—Displaced due to impact
  - (2) Minor damage—Displaced into cooling fan
  - (3) Direct damage moderate—Fins
  - (4) Direct damage severe—Tubes broken or tank breached
  - (9) Unknown

- 16. Radiator Fire Damage** \_\_\_\_\_
- (0) No evidence of fire at radiator
  - (1) Heat damage minor—Rusted but intact
  - (2) Heat damage moderate
  - (3) Heat damage major—Little or no consumables remaining

- 17. Radiator Coolant Hose—Upper Connection to Radiator**  
(check all that apply)
- (0) Undamaged upper hose
  - (1) Undamaged—one or more hose clamps missing
  - (2) Present with heat damage
  - (3) Consumed hose except under hose clamp
  - (4) Consumed hose clamp present
  - (5) Consumed hose clamp missing
  - (6) Impact damage
  - (9) Unknown

- 18. Radiator Coolant Hose—Lower Connection to Radiator**  
(check all that apply)
- (0) Undamaged lower hose
  - (1) Undamaged—one or more hose clamps missing
  - (2) Present with heat damage
  - (3) Consumed hose except under hose clamp
  - (4) Consumed hose clamp present
  - (5) Consumed hose clamp missing
  - (6) Impact damage
  - (9) Unknown

- 19. Heater Hoses** (check all that apply)
- (0) Undamaged hoses
  - (1) Undamaged—one or more clamps missing
  - (2) Present with heat damage
  - (3) Consumed hose except under hose clamp
  - (4) Consumed hose clamp present
  - (5) Consumed hose clamp missing
  - (6) Impact damage
  - (9) Unknown

- 20. Auxiliary Connections to Radiator**  
(check all that apply)
- (0) None
  - (1) Transmission oil cooler
  - (2) Engine oil cooler
  - (3) Power steering fluid
  - (9) Unknown

- 21. Damage to Auxiliary Radiator Connections**
- (0) No auxiliary connection
  - (1) No Damage
  - (2) Damaged—Breached / Broken (specify) \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - (9) Unknown

- 22. Coolant Reservoir Cap** \_\_\_\_\_
- (0) Cap Not Present
  - (1) Cap Not Damaged
  - (2) Damaged—Breached / Broken
  - (3) Consumed
  - (4) Consumed with unknown impact damage
  - (5) Consumed with impact damage
  - (9) Unknown

# Field Fire Investigation Form

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

**23. Coolant Reservoir Material** \_\_\_\_\_

- (0) Non-Metallic
- (1) Metallic
- (9) Unknown

**24. Coolant Reservoir** \_\_\_\_\_

- (0) Reservoir consumed
- (1) No fluid present
- (2) Fluid present

**25. Coolant Reservoir Damage** \_\_\_\_\_

- (0) Coolant fluid reservoir undamaged
- (1) Coolant reservoir impact damaged only (no heat)
- (2) Coolant reservoir heat damaged only
- (3) Coolant reservoir impact and heat damaged
- (9) Unknown

**26. Summary—evidence of coolant leaks prior to fire or due to impact:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Engine Electrical**

**27. Battery Location in Engine Compartment** \_\_\_\_\_

- (0) Battery not in Engine Compartment
- (1) Left Front
- (2) Right Front
- (3) Left Rear
- (4) Right Rear
- (9) Unknown

**28. Battery Condition** \_\_\_\_\_

- (0) No damage
- (1) Impact damaged (broken)—No heat
- (2) Heat damage only
- (3) Heat and impact damage
- (9) Unknown

**29. High Current Electrical Cables**

(Enter applicable code for each)

Battery Positive \_\_\_\_\_

Battery Ground \_\_\_\_\_

Starter \_\_\_\_\_

Alternator \_\_\_\_\_

- (0) No damage
- (1) Broken, damaged, or disconnected (no heat damage)
- (2) Heat damaged only
- (3) Broken / Disconnected from impact— with heat damage
- (9) Unknown

**30. Engine Ignition Wires** \_\_\_\_\_

- (0) No damage
- (1) Broken, damaged, or disconnected (no heat damage)
- (2) Heat damage only
- (3) Broken / damaged—with heat damage
- (9) Unknown

**31. Fuses and Fusible Links** \_\_\_\_\_

- (0) No damage
- (1) Burn damage
- (2) Damaged, Describe \_\_\_\_\_
- (9) Unknown

**32. Battery Voltage (volts)** \_\_\_\_\_

99.9 Unknown

**33. Resistance of battery lead to ground (ohms)** \_\_\_\_\_

**34. Summary—evidence of ignition and fuel sources from engine electrical systems:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Power Steering**

**35. Power Steering Reservoir** \_\_\_\_\_

- (0) Reservoir consumed
- (1) No fluid present
- (2) Fluid present
- (8) No power steering
- (9) Unknown

**36. Power Steering Reservoir Material** \_\_\_\_\_

- (0) Non-Metallic
- (1) Metallic
- (8) Not applicable (N/A)

**37. Power Steering Damage** \_\_\_\_\_

- (0) Power steering reservoir undamaged
- (1) Power steering reservoir impact damaged— no heat
- (2) Power steering reservoir heat damaged only
- (3) Power steering reservoir impact and heat damaged
- (8) Not applicable (N/A)
- (9) Unknown

**38. Power Steering Lines and Connection to Gear** \_\_\_\_\_

- (0) No damage
- (1) Impact damage—broken / severed— no heat damage
- (2) Heat damage only
- (3) Impact and heat damage
- (8) Not applicable (N/A)
- (9) Unknown

**Brake System**

**39. Brake Fluid** \_\_\_\_\_

- (0) Reservoir consumed
- (1) No fluid present
- (2) Fluid present

**40. Brake Reservoir Material** \_\_\_\_\_

- (0) Non-Metallic
- (1) Metallic
- (9) Unknown

# Field Fire Investigation Form

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

- 41. Brake System Damage** \_\_\_\_\_
- (0) Brake fluid reservoir undamaged
  - (1) Brake reservoir impact damaged only (no heat)
  - (2) Brake reservoir heat damaged only
  - (3) Brake reservoir impact and heat damaged
  - (9) Unknown

- 49. Engine Compartment Fuel System Impact Damage** \_\_\_\_\_
- (0) No impact damage
  - (1) Impact damage—not breached / broken
  - (2) Impact damage—breached / broken
  - (3) Impact damage—unknown breach / break

- 42. Brake Master Cylinder, Lines and Connections** \_\_\_\_\_
- (0) No damage
  - (1) Impact damage—damaged / severed—no heat damage
  - (2) Heat damage only
  - (3) Impact and heat damage

- 50. Summary—evidence of hydraulic or fuel leak prior to fire or due to impact** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Air Intake System**

- 43. Air Intake System Material** \_\_\_\_\_
- (0) Non-Metallic
  - (1) Metallic
  - (2) Combination
  - (9) Unknown

**Miscellaneous Engine Compartment**

- 51. Washer Fluid Bottle** \_\_\_\_\_
- (0) No damage
  - (1) Impact damage only
  - (2) Heat damage only
  - (3) Heat and Impact damage
  - (4) Full Consumed

- 44. Air Intake System Damage** \_\_\_\_\_
- (0) No damage
  - (1) Impact damage—damaged / severed—no heat damage
  - (2) Heat damage only
  - (3) Impact and heat damage

- 52. Bulkhead** \_\_\_\_\_
- (0) No visible entry to passenger compartment
  - (1) Visible entry to passenger compartment

**Fuel Delivery System**

- 53. Location of Entry to Passenger Compartment**  
(select all that apply)
- (0) Steering Column or Steering Pinion Gear \_\_\_\_\_
  - (1) Heat and A/C system \_\_\_\_\_
  - (2) Wire Harness to Fuse Block \_\_\_\_\_
  - (3) Other wire harness entries \_\_\_\_\_
  - (4) Windshield \_\_\_\_\_
  - (5) Other (specify): \_\_\_\_\_
  - (8) No entry of fire to passenger compartment \_\_\_\_\_

- 45. Mechanical Fuel Pump Location** \_\_\_\_\_
- (0) No mechanical pump
  - (1) Left front engine compartment
  - (2) Right front engine compartment
  - (3) Left rear engine compartment
  - (4) Right rear engine compartment

- 54. Oil Filter** \_\_\_\_\_
- (0) No damage to filter
  - (1) Impact damage—no heat
  - (2) Heat damage only
  - (3) Impact and heat damage
  - (4) Consumed by fire

- 46. Mechanical Pump Damage** \_\_\_\_\_
- (0) No mechanical pump damage
  - (1) Impact damage—no heat
  - (2) Heat damage only (melted)
  - (3) Impact and heat damage

- 55. Exhaust Manifold Material** \_\_\_\_\_
- (0) Cast Iron
  - (1) Formed Steel
  - (2) Other (specify): \_\_\_\_\_

- 47. Engine Compartment Metallic Fuel Lines** \_\_\_\_\_
- (0) No damage; lines intact
  - (1) Fuel line impact damage (broken / severed)

- 48. Engine Compartment Flexible Fuel Hoses** \_\_\_\_\_
- (0) No hose damage—clamps are present
  - (1) Heat damage—one or more clamps not present
  - (2) Heat damage—clamps present
  - (3) Hoses consumed—clamps present with evidence of hose under clamp
  - (4) Hoses consumed—clamps present—no evidence of hose under clamp
  - (5) Hoses consumed—clamps not present
  - (6) Hoses consumed—clamp presence unknown
  - (9) Unknown

- 56. Engine Impact Damage** \_\_\_\_\_
- (0) No visible damage to engine
  - (1) Engine damage—no release of fluids
  - (2) Engine damage—release of fluids
  - (3) Engine damage—unknown if release of fluids



# Field Fire Investigation Form

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

**57. Summary—describe engine damage and location of oil release:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**60. Interior Contents**

(0) No unusual contents noted

(1) Flammable contents noted—specify: \_\_\_\_\_

**61. Trunk / Cargo Area / Pick Up Bed**

(0) No heat damage

(1) Minor heat damage

(2) Moderate heat damage

(3) Major heat damage

**62. Trunk / Cargo Area / Pick Up Bed Contents**

(0) No unusual contents noted

(1) Flammable contents noted—specify: \_\_\_\_\_

**Window/Glass Inspection—Fixed Glass**  
(Damage defined as hole in glass)

**63. Windshield**

(0) No damage

(1) Impact damage—hole

(2) Heat damage

(3) Impact and heat damage

(4) Impact or heat damage

**64. Back Lite**

(0) No damage

(1) Impact damage—hole

(2) Heat damage

(3) Impact and heat damage

(4) Impact or heat damage

(5) Removed prior to impact

**65. Fixed Side Glass Left Side**

(0) No damage

(1) Impact damage

(2) Heat damage

(3) Impact and heat damage

(4) Impact or heat damage

(5) Removed prior to impact

(6) Not applicable (N/A)

**66. Fixed Side Glass Right Side**

(0) No damage

(1) Impact damage

(2) Heat damage

(3) Impact and heat damage

(4) Impact or heat damage

(5) Removed prior to impact

(6) Not applicable (N/A)

**Interior Fire Examination**

**58. Interior Fire Damage**

(0) No interior damage

(1) Minor heat damage (some components consumed)

(2) Moderate heat damage

(3) Major heat damage (few or no components remain)

**59. Interior Fire Damage Areas**

	None	Impact damage	Heat damage	Impact and heat	Consumed	Not applicable	Unknown
(0) No heat damage (entire interior)							
<b>Instrument panel</b>							
(1) Left							
(2) Right							
(3) Underside							
(4) Steering column & wheel							
(5) Left front seat							
(6) Right front seat							
(7) Left rear seat							
(8) Right rear seat							
(9) Rear deck/hatch							
<b>Carpeting—Floor coverings</b>							
(10) Left front							
(11) Right front							
(12) Left rear							
(13) Right rear							

**Window/Glass Inspection—Non-Fixed Glass**

**67. Left Front Window Condition**

(0) No damage

(1) Impact damage

(2) Heat damage—broken

(3) Impact and heat damage

(4) Impact or heat damage

(5) Removed prior to impact

(8) Not applicable (N/A)

(9) Unknown

# Field Fire Investigation Form

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

**68. Left Front Window Position (Prefire)**

- (0) Full down
- (1) Full up
- (2) Partial open
- (3) Removed prior to impact
- (8) Not applicable (N/A)
- (9) Unknown

**69. Right Front Window Condition**

- (0) No damage
- (1) Impact damage
- (2) Heat damage—broken
- (3) Impact and heat damage
- (4) Impact or heat damage
- (5) Removed prior to impact
- (8) Not applicable (N/A)
- (9) Unknown

**70. Right Front Window Position (Prefire)**

- (0) Full down
- (1) Full up
- (2) Partial open
- (3) Removed prior to impact
- (8) Not applicable (N/A)
- (9) Unknown

**71. Left Rear Window Condition**

- (0) No damage
- (1) Impact damage
- (2) Heat damage—broken
- (3) Impact and heat damage
- (4) Impact or heat damage
- (5) Removed prior to impact
- (8) Not applicable (N/A)
- (9) Unknown

**72. Left Rear Window Position (Prefire)**

- (0) Full down
- (1) Full up
- (2) Partial open
- (3) Removed prior to impact
- (8) Not applicable (N/A)
- (9) Unknown

**73. Right Rear Window Condition**

- (0) No damage
- (1) Impact damage
- (2) Heat damage—broken
- (3) Impact and heat damage
- (4) Impact or heat damage
- (5) Removed prior to impact
- (8) Not applicable (N/A)
- (9) Unknown

**74. Right Rear Window Position (Prefire)**

- (0) Full down
- (1) Full up
- (2) Partial open
- (3) Removed prior to impact
- (8) Not applicable (N/A)
- (9) Unknown

**75. Sun Roof Condition**

- (0) No integrity loss
- (1) Integrity loss—impact
- (2) Integrity loss—heat
- (3) Impact and heat
- (4) Impact or heat
- (5) Removed prior to impact
- (8) Not applicable (N/A)
- (9) Unknown

**76. Sun Roof Position (Prefire)**

- (0) Full open
- (1) Full closed
- (2) Partially open
- (8) Not applicable (N/A)
- (9) Unknown

**77. Summary—evidence of open window prior to fire:**

**Electrical Controls—Interior**

**78. Position of Fuel Selector Valve Switch**

- (0) No selector valve switch
- (1) Tank #1 Position
- (2) Tank #2 Position
- (3) Unidentified position
- (9) Unknown

**79. Heater Controls**

- (0) Heater Off
- (1) Heater On
- (2) A/C On
- (3) A/C Off
- (4) Unidentified position
- (9) Unknown

**80. Fan Control**

- (0) Fan Off
- (1) Fan On
- (2) Unidentified position
- (9) Unknown

**81. Wiper Controls**

- (0) Wiper Off
- (1) Wiper On
- (2) Wiper Intermittent
- (3) Unidentified position
- (9) Unknown

**82. Headlight Controls**

- (0) Off
- (1) Parking
- (2) On
- (3) Unidentified
- (9) Unknown

# Field Fire Investigation Form

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

## Under Carriage Fire Inspection

### 83. General \_\_\_\_\_

- (0) No heat damage under vehicle \_\_\_\_\_
- (1) % of undercarriage with heat damage \_\_\_\_\_

### 84. Location of Under Carriage Heat Damage— \_\_\_\_\_

(select all that apply)

- (0) None \_\_\_\_\_
- (1) Forward of front axle \_\_\_\_\_
- (2) Between front axle and mid vehicle \_\_\_\_\_
- (3) Between mid vehicle and rear axle \_\_\_\_\_
- (4) Aft of rear axle \_\_\_\_\_

### 85. Fuel Tank \_\_\_\_\_

Number of Fuel Tanks \_\_\_\_\_

For more than two tanks use additional forms

### Fuel Tank #1

### 86. Fuel Tank #1 Type \_\_\_\_\_

- (0) Non-Metallic \_\_\_\_\_
- (1) Metallic \_\_\_\_\_

### 87. Fuel Tank #1 Location \_\_\_\_\_

(Rear axle = Center of rear wheel)

- (0) Aft of rear axle—center \_\_\_\_\_
- (1) Aft of rear axle—left \_\_\_\_\_
- (2) Aft of rear axle—right \_\_\_\_\_
- (3) Forward of rear axle—center \_\_\_\_\_
- (4) Forward of rear axle—left \_\_\_\_\_
- (5) Forward of rear axle—right \_\_\_\_\_
- (6) Over rear axle \_\_\_\_\_
- (7) In rear quarter panel \_\_\_\_\_
- (8) Other—specify: \_\_\_\_\_

### 88. Fuel Tank #1 Impact Damage \_\_\_\_\_

- (0) No damage to fuel tank \_\_\_\_\_
- (1) Deformed \_\_\_\_\_
- (2) Deformed, near seam or failure \_\_\_\_\_
- (3) Punctured \_\_\_\_\_
- (4) Lacerated (ripped) \_\_\_\_\_
- (5) Abraded (scraped) \_\_\_\_\_
- (6) Other—specify: \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

### 89. Fuel Tank #1 Impact Damage Location \_\_\_\_\_

(check all that apply)

- (0) Top \_\_\_\_\_
- (1) Bottom \_\_\_\_\_
- (2) Front \_\_\_\_\_
- (3) Rear \_\_\_\_\_
- (4) Left side \_\_\_\_\_
- (5) Right side \_\_\_\_\_
- (8) Not applicable (N/A) \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

### 90. Fuel Tank #1 Damage Source \_\_\_\_\_

- (0) Adjacent vehicle components \_\_\_\_\_
- (1) Tank straps, clamps & support structure \_\_\_\_\_
- (2) Impacting vehicle \_\_\_\_\_
- (4) Other (specify): \_\_\_\_\_
- (8) Not applicable (N/A) \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

### 91. Fuel Tank #1 Heat Damage \_\_\_\_\_

- (0) None \_\_\_\_\_
- (1) Heat damage—no breach from heat \_\_\_\_\_
- (2) Heat damage—partially melted \_\_\_\_\_
- (3) Heat damage—grossly deformed \_\_\_\_\_
- (4) Consumed \_\_\_\_\_
- (5) Heat-induced pressure rupture \_\_\_\_\_

### 92. Fuel Level Line \_\_\_\_\_

- (0) No line identification \_\_\_\_\_
- (1) Three quarters full or more \_\_\_\_\_
- (2) One half full \_\_\_\_\_
- (3) One quarter full or less \_\_\_\_\_
- (8) Not applicable (N/A) \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

### 93. Fuel Level Line Angle \_\_\_\_\_

\_\_\_\_\_ Degrees to rocker or underbody frame

- (0) Front up \_\_\_\_\_
- (1) Rear up \_\_\_\_\_
- (8) Not applicable (N/A) \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

### 94. Sending Unit Location \_\_\_\_\_

- (0) Top \_\_\_\_\_
- (1) Bottom \_\_\_\_\_
- (2) Front \_\_\_\_\_
- (3) Rear \_\_\_\_\_
- (4) Left side \_\_\_\_\_
- (5) Right side \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

### 95. Sending Unit Damage \_\_\_\_\_

- (0) No damage \_\_\_\_\_
- (1) Unit loose in tank / seal broken / no heat damage \_\_\_\_\_
- (2) Heat damage only \_\_\_\_\_
- (3) Unit loose in tank / seal broken / heat damage \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

### 96. Fuel Tank Shields/Protection \_\_\_\_\_

- (0) No shields or protection identified \_\_\_\_\_
- (1) Fuel tank shields identified \_\_\_\_\_
- (2) Fuel tank shields unknown \_\_\_\_\_

### 97. Summary – describe size and location of fuel tank openings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Field Fire Investigation Form

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

## Fuel Tank #2

**98. Fuel Tank #2** Applicable (Y/N) \_\_\_\_\_  
If No, skip to Question 111 (page 9)

**99. Fuel Tank #2 Type** \_\_\_\_\_  
(0) Non-Metallic  
(1) Metallic

**100. Fuel Tank #2 Location** \_\_\_\_\_  
(Rear axle = Center of rear wheel)  
(0) Aft of rear axle—center  
(1) Aft of rear axle—left  
(2) Aft of rear axle—right  
(3) Forward of rear axle—center  
(4) Forward of rear axle—left  
(5) Forward of rear axle—right  
(6) Over rear axle  
(7) In rear quarter panel  
(8) Other—specify: \_\_\_\_\_

**101. Fuel Tank #2 Impact Damage** \_\_\_\_\_  
(0) No damage to fuel tank  
(1) Deformed  
(2) Deformed, near seam or failure  
(3) Punctured  
(4) Lacerated (ripped)  
(5) Abraded (scrapped)  
(6) Other—specify: \_\_\_\_\_  
(9) Unknown

**102. Fuel Tank #2 Impact Damage Location** \_\_\_\_\_  
(check all that apply)  
(0) Top \_\_\_\_\_  
(1) Bottom \_\_\_\_\_  
(2) Front \_\_\_\_\_  
(3) Rear \_\_\_\_\_  
(4) Left side \_\_\_\_\_  
(5) Right side \_\_\_\_\_  
(8) Not applicable (N/A) \_\_\_\_\_  
(9) Unknown \_\_\_\_\_

**103. Fuel Tank #2 Damage Source** \_\_\_\_\_  
(0) Adjacent vehicle components  
(1) Tank straps, clamps & support structure  
(2) Impacting vehicle  
(4) Other (specify): \_\_\_\_\_  
(8) Not applicable (N/A)  
(9) Unknown

**104. Fuel Tank #2 Heat Damage** \_\_\_\_\_  
(0) None  
(1) Heat damage—no breach from heat  
(2) Heat damage—partially melted  
(3) Heat damage—grossly deformed  
(4) Consumed  
(5) Heat-induced pressure rupture

**105. Fuel Level Line** \_\_\_\_\_  
(0) No line identification  
(1) Three quarters full or more  
(2) One half full  
(3) One quarter full or less  
(8) Not applicable (N/A)  
(9) Unknown

**106. Fuel Level Line Angle** \_\_\_\_\_  
Degrees to rocker or underbody frame  
(0) Front up  
(1) Rear up  
(8) Not applicable (N/A)  
(9) Unknown

**107. Sending Unit Location** \_\_\_\_\_  
(0) Top  
(1) Bottom  
(2) Front  
(3) Rear  
(4) Left side  
(5) Right side  
(9) Unknown

**108. Sending Unit Damage** \_\_\_\_\_  
(0) No damage  
(1) Unit loose in tank / seal broken / no heat damage  
(2) Heat damage only  
(3) Unit loose in tank / seal broken / heat damage  
(9) Unknown

**109. Fuel Tank Shields/Protection** \_\_\_\_\_  
(0) No shields or protection identified  
(1) Fuel tank shields identified  
(2) Fuel tank shields unknown

**110. Summary – describe size and location of fuel tank openings:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Field Fire Investigation Form

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

### Filler Neck and Hose Damage

#### 111. Filler Hose Tank #1 Material

- (0) Non Metallic
- (1) Metallic

#### 112. Tank #1 Filler Neck and Vent

(check all that apply)

	No impact damage	Impact damage—breach	Impact damage—no breach	No heat damage	Heat damaged—no breach	Heat damaged—breached	Clamps present	Clamps—one or more missing	Not applicable (N/A)
Filler hose									
Vent hose									
Filler neck									
Tank to filler									
Tank to vent									

#### 113. Filler Hose Tank #2 Material

- (0) Non Metallic
- (1) Metallic

#### 114. Tank #2 Filler Neck and Vent

(check all that apply)

	No impact damage	Impact damage—breach	Impact damage—no breach	No heat damage	Heat damaged—no breach	Heat damaged—breached	Clamps present	Clamps—one or more missing	Not applicable (N/A)
Filler hose									
Vent hose									
Filler neck									
Tank to filler									
Tank to vent									

### Fuel Lines

#### 115. Number of Fuel System Lines— Tank to Engine

#### 116. Fuel Line Materials

- (0) Non-metallic
- (1) Metallic
- (2) Both Metallic and non-metallic

#### 117. Fuel Line Routing

Structure refers to frame, rail, or equivalent unibody structure

- (0) Exposed, outboard of structure
- (1) Exposed, inboard of structure
- (2) Exposed, inboard of structure; Partial enclosed
- (3) Enclosed within structure or other protection
- (4) Exposed, inboard and outboard of structure
- (5) Other

#### 118. Fuel Line Plane

- (0) All below structure
- (1) All above structure
- (2) Portions above and below structure
- (3) In plane of unibody floor pan
- (4) Other

#### 119. Fuel Line and Hose Damage

- (0) Fuel lines intact—no damage
- (1) Fuel line impact damage
- (2) Fuel line impact damage with separated or open lines
- (3) Fuel line heat damage with open lines
- (4) Open line and damage from both impact and heat

#### 120. Fuel Line Connection Type—

(select all that apply)

- (0) Screw type hose clamps
- (1) Spring clamps
- (2) Crimped connections
- (3) Non-metallic fittings
- (4) Threaded fittings

#### 121. Summary—describe evidence of damage to filler neck(s), hose(s), and fuel lines:

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# Field Fire Investigation Form

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

## Exhaust System

### 122. Exhaust System Components—

(select all that apply)

- (0) No catalytic converter \_\_\_\_\_
- (1) Single catalytic converter \_\_\_\_\_
- (2) Double catalytic converter \_\_\_\_\_
- (3) Triple catalytic converter \_\_\_\_\_
- (4) Single muffler \_\_\_\_\_
- (5) Dual muffler exhaust system \_\_\_\_\_
- (6) Single resonator \_\_\_\_\_
- (7) Dual resonator \_\_\_\_\_
- (8) Non-OEM system \_\_\_\_\_
- (10) Other (specify): \_\_\_\_\_

### 123. Exhaust System Damage—

(select all that apply)

- (0) Complete exhaust system intact and undamaged \_\_\_\_\_
- (1) Exhaust sys. missing or separated components aft of muffler \_\_\_\_\_
- (2) Exhaust sys. missing or separated muffler \_\_\_\_\_
- (3) Exhaust sys. missing or separated component forward of muffler \_\_\_\_\_
- (4) Exhaust sys. deteriorated with evidence of extensive corrosion \_\_\_\_\_
- (5) Other \_\_\_\_\_

### 124. Automatic Transmission—

(select all that apply)

- (0) Transmission pan and case undamaged \_\_\_\_\_
- (1) Transmission pan and case impact damage—no fluid released \_\_\_\_\_
- (2) Transmission pan and case impact damaged releasing fluid \_\_\_\_\_
- (3) Transmission pan and case heat damage \_\_\_\_\_
- (4) Transmission pan and case impact and heat damage \_\_\_\_\_
- (8) Not applicable (N/A) \_\_\_\_\_

### 125. Brake Lines (Undercarriage) and Brakes

- (0) No damage \_\_\_\_\_
- (1) Impact damage—damaged / severed—no heat damage \_\_\_\_\_
- (2) Heat damage only \_\_\_\_\_
- (3) Impact and heat damage \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

### 126. Summary—Describe evidence of undercarriage hydraulic leaks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 127. Rubber Mountings—Identify Heat Damage

(select all that apply)

	Consumed	Partial
<b>Suspension</b>		
front left upper		
front left lower		
front right upper		
front right lower		
<b>Engine mount</b>		
left		
right		
<b>Body mount</b>		
front left		
front right		
rear left		
rear right		
<b>Transmission mount—crossmember</b>		
<b>Suspension</b>		
rear left upper		
rear left lower		
rear right upper		
rear right lower		

### Drive Shaft

#### 128. Drive Shaft/Half Shaft Joints

Number of Drive Shaft Joints \_\_\_\_\_

Half shaft boot conditions \_\_\_\_\_

#### 129. Drive Shaft Condition

- (0) Drive Shaft Intact \_\_\_\_\_
- (1) Drive Shaft Detached at Forward (Transmission) Joint \_\_\_\_\_
- (2) Drive Shaft Detached at Mid Bearing Joint \_\_\_\_\_
- (3) Drive Shaft Detached at Rear Axle Pinion Joint \_\_\_\_\_
- (8) Not applicable (N/A) \_\_\_\_\_

#### 130. Half Shaft Condition

- (0) Half Shafts Intact \_\_\_\_\_
- (2) One or More Half Shaft Joints Detached Describe \_\_\_\_\_

# Field Fire Investigation Form

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

## FIRE INSPECTION SUMMARY

**131. Identification of Fuel Sources:** \_\_\_\_\_

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**133. Origin and Propagation Path of Fire:** \_\_\_\_\_

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**132. Identification of Ignition Sources:** \_\_\_\_\_

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**134. Fire Investigation Summary:** \_\_\_\_\_

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# Incident Site Form

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

Incident Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County (Township) \_\_\_\_\_

Road \_\_\_\_\_ Milepost \_\_\_\_\_

### Incident Collision Diagram

### Crash Data

Document the physical plant:

Document vehicle dynamics, including:

Veh. #1 Veh. #2 Veh. #3

- \* all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- \* all landmarks
- \* all traffic controls (e.g., signs/signals, etc.)
- \* north arrow placed on diagram
- \* roadway surface type and condition of applicable roadways
- \* grade measurements for all applicable roadways and at location of rollover initiation
- \* roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)
- \* relevant roadway features, including illumination, drainage, and visibility
- \* Describe Coefficient of Friction measurement and surface conditions at that time

- \* reference point and reference line relative to physical features present at the scene
- \* scaled documentation of all incident induced physical evidence
- \* scaled documentation of all roadside objects contacted
- \* scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed incident dynamics
- \* Tire marks
- \* Burn patterns

**Legal Speed Limit (mph)** \_\_\_\_\_

**Travel Direction**  
(N, S, E, W, NE, NW, SE, SW) \_\_\_\_\_

**Surface Type**  
 \_\_\_\_\_  
 (0) Concrete  
 (1) Asphalt  
 (2) Gravel  
 (3) Dirt  
 (4) Other

**Coefficient of Friction** \_\_\_\_\_

**Surface Condition at time of measurement**  
(wet, dry, etc.) \_\_\_\_\_

**Grade (v/h) Measurement**

- **Between impact and final rest** \_\_\_\_\_
- **At location of rollover initiation** \_\_\_\_\_
- **At pre-crash location** \_\_\_\_\_

### Site Measurements

- For total station measurements:**
- print out list of points, coordinates, any descriptions
  - print site drawing with annotations
  - include file name, disk with file, disk marked with case number

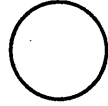


# Incident Site Form

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

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

## Incident Diagram



North

Use this diagram to sketch incident site data.

# Incident Site Form

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

Reference Point: \_\_\_\_\_

Reference Line: \_\_\_\_\_

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line

# 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

# Occupant Injury Assessment Form—Engineers

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Occupant Number (Position) \_\_\_\_\_

## 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

# Occupant Injury Assessment Form—Engineers

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Occupant Number (Position) \_\_\_\_\_

## 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

# Occupant Injury Assessment Form—Engineers

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Occupant Number (Position) \_\_\_\_\_

## 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

# Occupant Injury Assessment Form—Engineers

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Occupant Number (Position) \_\_\_\_\_

## 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

# Occupant Injury Assessment Form—Medical

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Occupant Number (Position) \_\_\_\_\_

## Medical History

41. Describe pre-existing medical conditions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

42. Medications prescribed prior to injury \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

43. Smoke tobacco?

No     Yes

Number of years \_\_\_\_\_

44. History of alcohol or drug abuse?

No     Yes

45. Comments on medical history \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

51. Description (cause of death): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Trauma Data

52. Glasgow Coma Scale (GCS) Score \_\_\_\_\_

(at Medical Facility)

(00) Not injured

(01) Injured—not treated at medical facility

(02) No GCS Score at medical facility

(03-15) Code the actual value of the initial GCS Score recorded at medical facility

(97) Injured, details unknown

(99) Unknown if injured

53. Was the Occupant Given Blood? \_\_\_\_\_

(1) No—blood not given

(2) Yes—up to and including 5 units

(3) Yes—greater than 5 units

(9) Unknown if blood given

54. Carbonaceous Sputum? \_\_\_\_\_

(1) Yes

(2) No

## Burn Injuries

55. Skin Grafts \_\_\_\_\_

(1) Yes

(2) No

56. Amputations

(code number of amputations in each column)

digit

limb

\_\_\_\_\_ yes—burn related only

\_\_\_\_\_ yes—non-burn only

\_\_\_\_\_ yes—burn and non-burn injury

\_\_\_\_\_ no

## Injury Consequences

### Time to Death

46. Hours (if less than 24 hours) \_\_\_\_\_

If more than 24, enter 88

If unknown enter 99

Round to nearest hour

00 not fatal

47. Days (if more than 24 hours, enter days) \_\_\_\_\_

If unknown enter 999

000 not fatal

48. 1st Medically Reported Cause of Death \_\_\_\_\_

49. 2nd Medically Reported Cause of Death \_\_\_\_\_

50. 3rd Medically Reported Cause of Death \_\_\_\_\_

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes

(96) Mode of death given but specific injuries are not linked to cause of death (specify): \_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify): \_\_\_\_\_

(99) Unknown



# Occupant Injury Assessment Form—Medical

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Occupant Number (Position) \_\_\_\_\_

## Injury Data

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Code Severity			
1st									
2nd									
3rd									
4th									
5th									
6th									
7th									
8th									
9th									
10th									
11th									
12th									
13th									
14th									
15th									
16th									
17th									
18th									
19th									
20th									
21th									
22th									
23rd									
25th									

# Occupant Injury Assessment Form—Medical

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

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

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

Occupant Number (Position) \_\_\_\_\_

## Official Injury Data—Soft Tissue Injuries

Indicate the location, specific anatomic structure, detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and source of injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable).

Blood Alcohol level  
(mg/dl)

BAL = . . .

Arterial Blood Gasses

pH = . . .

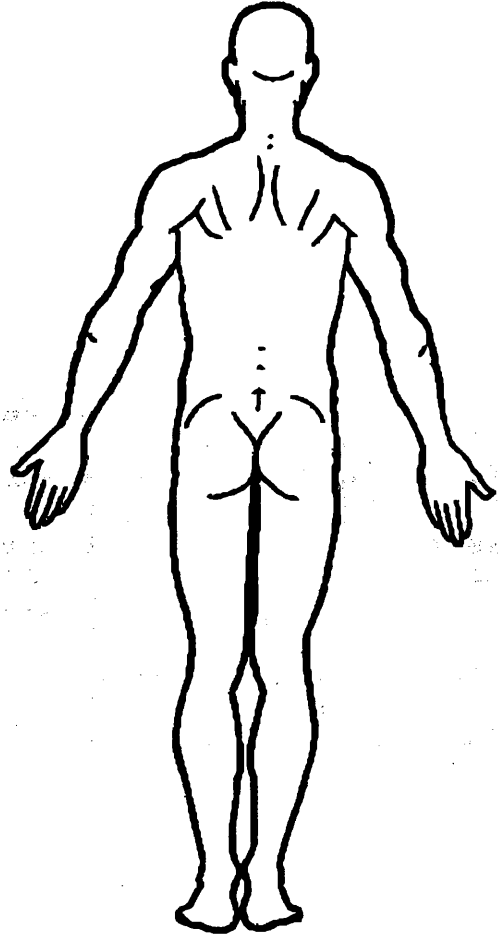
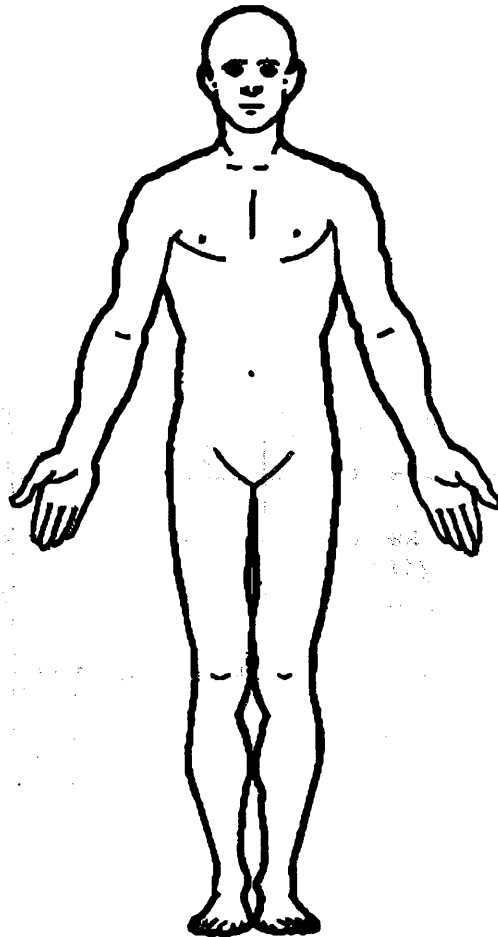
PO<sub>2</sub> = \_\_\_\_\_

PCO<sub>2</sub> = \_\_\_\_\_

HCO<sub>2</sub> = \_\_\_\_\_

COH<sub>b</sub> = \_\_\_\_\_

Comment (time blood drawn, oxygen therapy given): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Occupant Injury Assessment Form—Medical

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

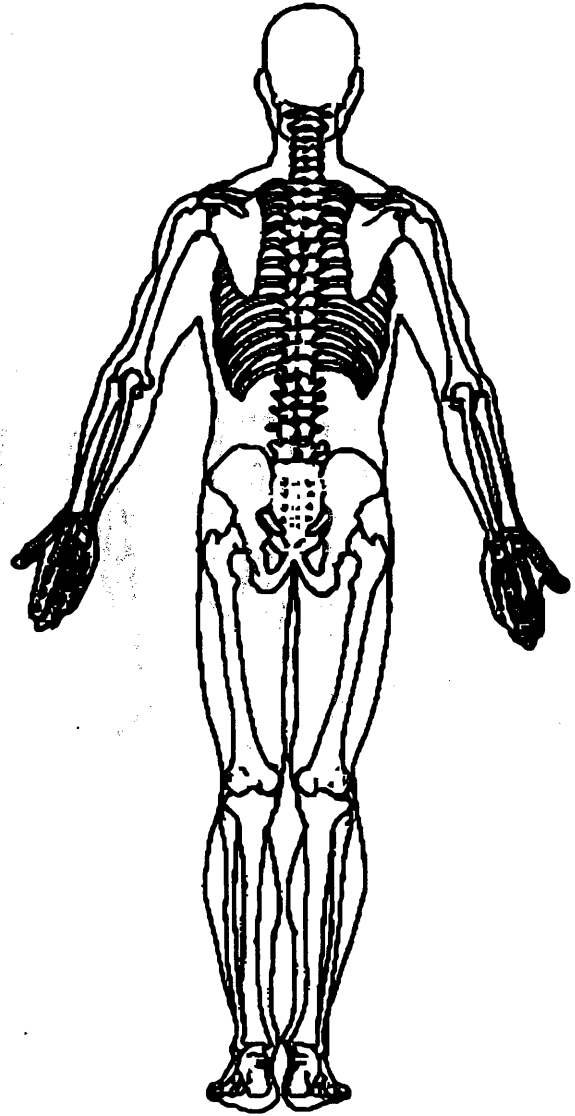
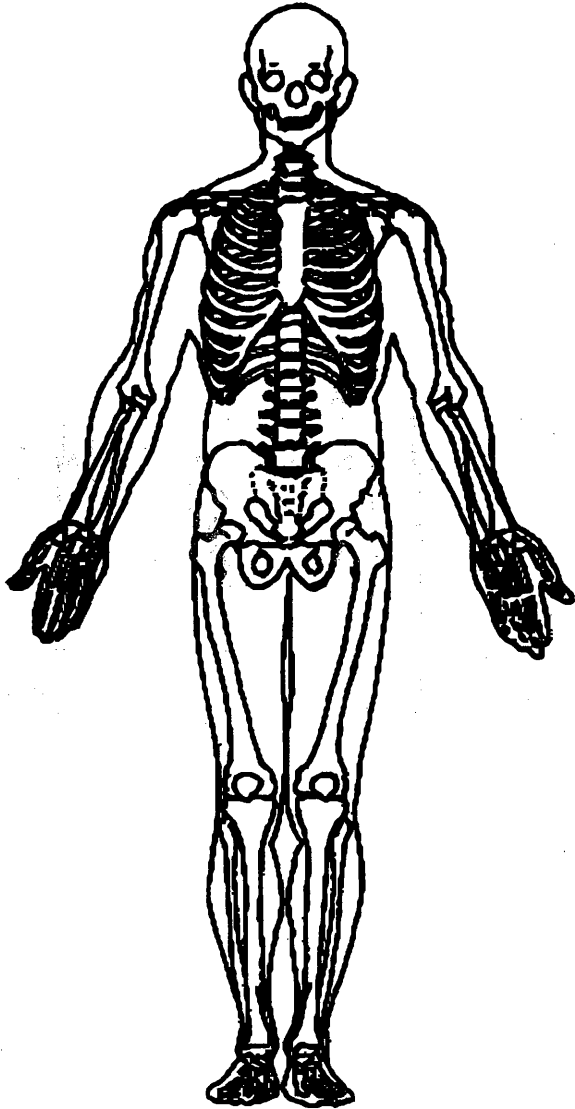
Vehicle Number \_\_\_\_\_

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

Occupant Number (Position) \_\_\_\_\_

## Official Injury Data—Skeletal Injuries

Indicate the location, specific anatomic structure, detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable).



# Occupant Injury Assessment Form—Medical

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

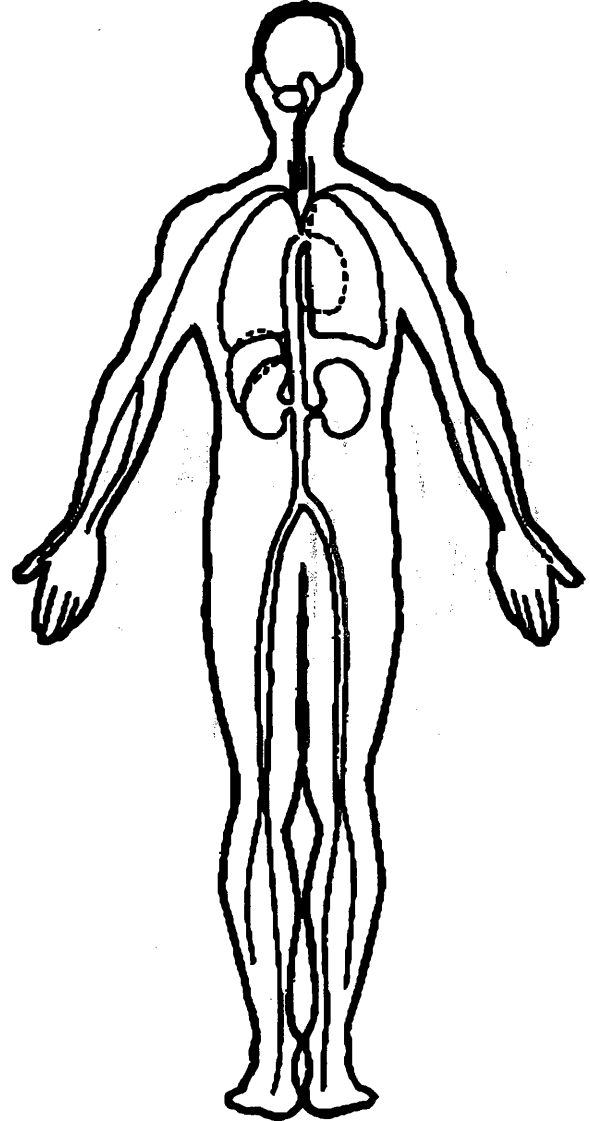
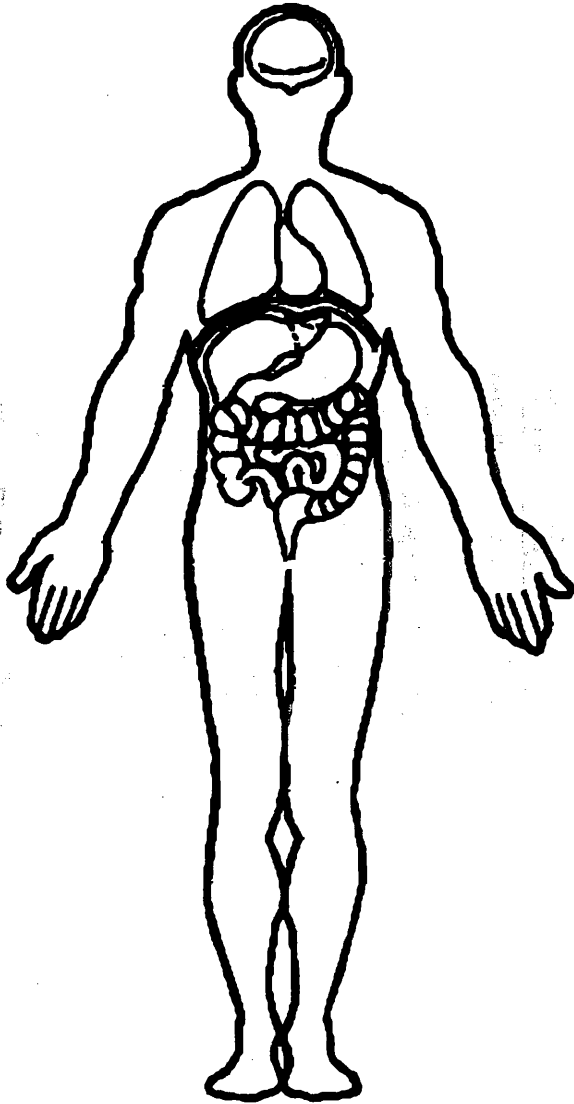
Vehicle Number \_\_\_\_\_

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

Occupant Number (Position) \_\_\_\_\_

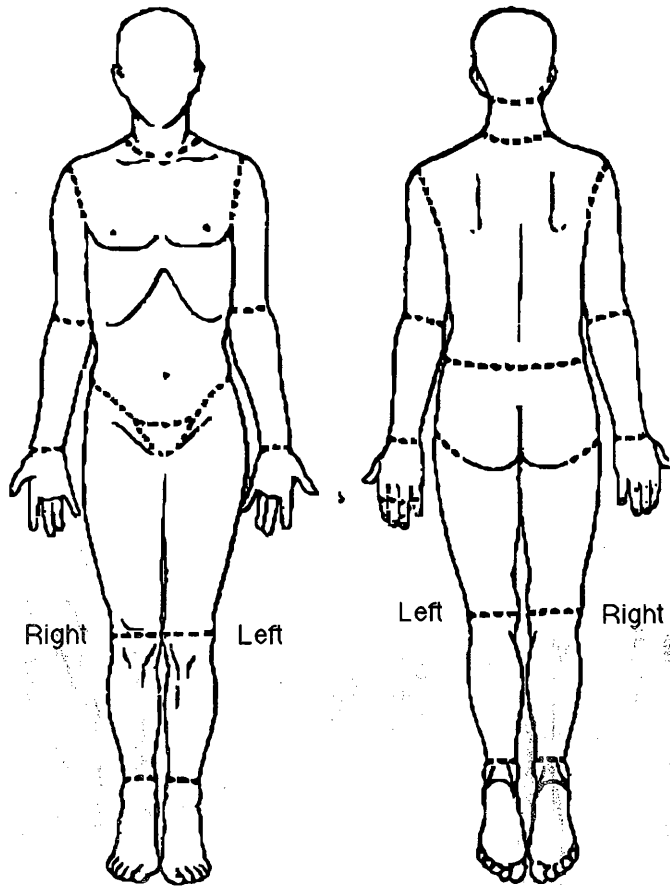
## Official Injury Data—Internal Injuries

Indicate the location, specific anatomic structure, detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable).



# Occupant Injury Assessment Form—Medical (Burn Chart)

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Occupant Number (Position) \_\_\_\_\_



Date \_\_\_\_\_

Completed by \_\_\_\_\_

- \_\_\_\_\_ Shallow
- + \_\_\_\_\_ Indeterminate or Deep
- = \_\_\_\_\_ %



Shallow (pink, painful, moist)



Indeterminate or deep (dry, less sensation, white, mottled, dark red, brown or black, leathery)

Percent Surface Area Burned (Berkow Formula)

AREA	1 Year	1-4 Years	5-9 Years	10-14 Years	Y 15 Years	Adult	Shallow	Indeterminate or Deep
Head	19	17	13	11	9	7		
Neck	2	2	2	2	2	2		
Ant. Trunk	13	13	13	13	13	13		
Post. Trunk	13	13	13	13	13	13		
R. Buttock	2-1/2	2-1/2	2-1/2	2-1/2	2-1/2	2-1/2		
L. Buttock	2-1/2	2-1/2	2-1/2	2-1/2	2-1/2	2-1/2		
Genitalia	1	1	1	1	1	1		
R. U. Arm	4	4	4	4	4	4		
L. U. Arm	4	4	4	4	4	4		
R. L. Arm	3	3	3	3	3	3		
L. L. Arm	3	3	3	3	3	3		
R. Hand	2-1/2	2-1/2	2-1/2	2-1/2	2-1/2	2-1/2		
L. Hand	2-1/2	2-1/2	2-1/2	2-1/2	2-1/2	2-1/2		
R. Thigh	5-1/2	6-1/2	8	8-1/2	9	9-1/2		
L. Thigh	5-1/2	6-1/2	8	8-1/2	9	9-1/2		
R. Leg	5	5	5-1/2	6	6-1/2	7		
L. Leg	5	5	5-1/2	6	6-1/2	7		
R. Foot	3-1/2	3-1/2	3-1/2	3-1/2	3-1/2	3-1/2		
L. Foot	3-1/2	3-1/2	3-1/2	3-1/2	3-1/2	3-1/2		
<b>TOTAL</b>								

# Incident Reconstruction Form

Case Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ QA# \_\_\_\_\_ Noncollision \_\_\_\_\_

## CDC and Crush Measurements

Vehicle Number: \_\_\_\_\_ Impact Sequence Number: \_\_\_\_\_ PDOF (degrees): \_\_\_\_\_

Object Contacted (see list)	Direction of Force (clock)	Shift Classif. (SAEJ224.)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Direction of Force (with shift)	Deformation Location	Specific Longitudinal or Lateral Location	Specific Vertical or Lateral Location	Type of Damage Distribution	Deformation Extent	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

(numbers in parentheses above are 7 digits specified in SAE J224)

### Crush Profile in Inches

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below.  
(All measurements are in inches.)

L								± D
Direct+Induced Width	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>		L midpoint offset
_____	_____	_____	_____	_____	_____	_____	_____	+ -

Maximum Crush \_\_\_\_\_

**(‘C’ measurments taken left to right, rear to front. ‘D’ positive right of center, and forward of center)**

Vehicle Number: \_\_\_\_\_ Impact Sequence Number: \_\_\_\_\_ PDOF (degrees): \_\_\_\_\_

Object Contacted (see list)	Direction of Force (clock)	Shift Classif. (SAEJ224.)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Direction of Force (with shift)	Deformation Location	Specific Longitudinal or Lateral Location	Specific Vertical or Lateral Location	Type of Damage Distribution	Deformation Extent	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

(numbers in parentheses above are 7 digits specified in SAE J224)

### Crush Profile in Inches

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below.  
(All measurements are in inches.)

L								± D
Direct+Induced Width	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>		L midpoint offset
_____	_____	_____	_____	_____	_____	_____	_____	+ -

Maximum Crush \_\_\_\_\_

**Attach another sheet if there are more than two damage- or injury-producing impacts.**

# Incident Reconstruction Form

Case Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ QA# \_\_\_\_\_

## Codes for Object Contacted (01-30)—Vehicle Number

### Noncollision

- (31) Rollover (excludes end-over-end)
- (32) Rollover — end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): \_\_\_\_\_

- (36) Noncollision injury
- (38) Other noncollision (specify): \_\_\_\_\_

(39) Noncollision — details unknown \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (65) Other fixed object (specify): \_\_\_\_\_

(69) Unknown fixed object

### Collision with Fixed Object

- (41) Tree <= 10 cm in diameter
- (42) Tree > 10 cm in diameter
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter) \_\_\_\_\_

### Nonbreakaway Pole or Post

- (50) Pole or post (= 10 cm in diameter)
- (51) Pole or post (> 10 cm but = 30 cm in diameter)
- (52) Pole or post (>30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): \_\_\_\_\_

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object
- (98) Not applicable or not occupied
- (99) Unknown event or object

# Incident Reconstruction Form

Case Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ QA# \_\_\_\_\_

**For each impact with probability of injury or damage to result in fire:**

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

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

Impact Number \_\_\_\_\_

Impact Number \_\_\_\_\_

Travel speed \_\_\_\_\_ mph

Travel speed \_\_\_\_\_ mph

Basis \_\_\_\_\_

Basis \_\_\_\_\_

Travel speed probable range \_\_\_\_\_ to \_\_\_\_\_ mph  
(If not calculated, put 999 in range, explain in comment.)

Travel speed probable range \_\_\_\_\_ to \_\_\_\_\_ mph  
(If not calculated, put 999 in range, explain in comment.)

Comment \_\_\_\_\_

Comment \_\_\_\_\_

Impact speed \_\_\_\_\_ mph

Impact speed \_\_\_\_\_ mph

Basis \_\_\_\_\_  
(If not calculated, put 999 in range, explain in comment.)

Basis \_\_\_\_\_  
(If not calculated, put 999 in range, explain in comment.)

Impact speed probable range \_\_\_\_\_ to \_\_\_\_\_ mph

Impact speed probable range \_\_\_\_\_ to \_\_\_\_\_ mph

Delta V \_\_\_\_\_ mph

Delta V \_\_\_\_\_ mph

Basis \_\_\_\_\_

Basis \_\_\_\_\_

Delta V probable range \_\_\_\_\_ to \_\_\_\_\_ mph

Delta V probable range \_\_\_\_\_ to \_\_\_\_\_ mph

Comment \_\_\_\_\_

Comment \_\_\_\_\_

Energy absorption \_\_\_\_\_ ft-lbs

Energy absorption \_\_\_\_\_ ft-lbs

Basis \_\_\_\_\_

Basis \_\_\_\_\_

Energy absorption probable range \_\_\_\_\_ to \_\_\_\_\_

Energy absorption probable range \_\_\_\_\_ to \_\_\_\_\_

Comment \_\_\_\_\_

Comment \_\_\_\_\_



# Incident Reconstruction Form

Case Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ QA# \_\_\_\_\_

## Guidelines for Incident Reconstruction

Can use worksheet for reconstruction program, must attach program output.

### Techniques for speed

- Witness (travel speed only)
- Critical speed scuff (travel speed)
- Scuff and skid (impact speed)
- Skid (with travel speed source for impact speed)
- Momentum (impact speed, Delta V)
- Computer model (Impact speed, Delta V, energy from crash, trajectory)

### Concise narrative; description of incident:

(note - one narrative per incident)

### Techniques for energy

- Computer model, conservation of energy (undeformable object collision)

### Stiffness sources:

Crash test data

Calculate A, B values

Look for closest approximation in test data, angle, delta V, offset, surface

Modifications for narrow object:

- research
- range of variance in literature

Modifications for angled:

- range of variance in literature

Comments include how close test approximates incident

Modifications for override (underride), similar for override/underride

Document all for QA

### Approach

Use the best sources available; explain. For instance, if reliable stiffness data are available, but you have good witness travel speed, skid mark, and coefficient of friction data, calculations based on Newton's laws.

### Summarize incident reconstruction; Document for QA

- Note sources of all input data
- Attach references, vehicle specifications
- Formulae used—source of formulae if appropriate
- Source(s) of coefficient of friction (and any modifications used for wet measurements and dry road incident, etc.)
- Document and justify all judgements made

# Interview Form—General Information

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

Interviewee(s) Role or Name(s) \_\_\_\_\_  
\_\_\_\_\_

Date of Interview (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Interviewer introduced self and project [ ]

Received consent for interview [ ] Yes [ ] No

Agreement obtained for medical release? [ ] Yes [ ] No

Arrangements made to obtain medical release \_\_\_\_\_  
\_\_\_\_\_

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview? \_\_\_\_\_

Driver's Description of Accident Events (include details of fire—when it began, where first seen, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupant's Description of Accident Events

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Questions to Ask Interviewee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Interview Form—General Information

Case Number \_\_\_\_\_  
**Accident Diagram**

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

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

Interviewee \_\_\_\_\_



North

Use this diagram to sketch position and events as described by interviewee.

# Interview Form—Crash Information

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

**Crash Data Information (If possible, obtain this information from the driver):**

<b>Source of Information</b>	<input type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Witness at scene <input type="checkbox"/> Relative/friend
<b>Travel Direction</b>	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
<b>Type of Roadway</b>	<input type="checkbox"/> One way <input type="checkbox"/> Two way Number of lanes each way _____ Divided highway? _____
<b>Lane</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
<b>Road Condition</b>	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify): _____
<b>Lighting Conditions</b>	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dark <input type="checkbox"/> Dusk <input type="checkbox"/> Street lights on
<b>Sign or Signal Present</b> (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green/amber/red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.?) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
<b>Was the Control Functioning Properly?</b>	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated, etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
<b>Travel Speed (in mph)</b>	<input type="checkbox"/> Stopped <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 70+ <input type="checkbox"/> Unknown
<b>Before Impact, Intending To ...?</b> (check all that apply)	<input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Passing <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left <input type="checkbox"/> Follow curve
<b>Control Loss Due to Weather or Mechanical Problems?</b>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
<b>Avoidance Actions?</b>	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right <input type="checkbox"/> Other (specify): _____
<b>Location of Vehicle at Time of Impact?</b>	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____

# Interview Form—Crash Information

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

**Speed at the Time of Impact (in mph)**

- |                                  |                                |                                |                                |                                  |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Stopped | <input type="checkbox"/> 1-10  | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> 31-40   |
| <input type="checkbox"/> 41-50   | <input type="checkbox"/> 51-60 | <input type="checkbox"/> 61-70 | <input type="checkbox"/> 70+   | <input type="checkbox"/> Unknown |

**Describe all the impacts to the vehicle and how this vehicle moved to its stopped position after the collision**

**Rollover Data**

**Did this vehicle roll over during the crash?**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes — ask the following questions: | <input type="checkbox"/> No — skip to "fire data" below      |
|   | <input type="checkbox"/> Unknown — skip to "fire data" below |

**Rollover began (check those that apply)**

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> On roadway | <input type="checkbox"/> On shoulder | <input type="checkbox"/> On roadside or median |
| <input type="checkbox"/> Unknown    |                                      |  |

**Rollover cause?**

- Other vehicle (specify vehicle number) \_\_\_\_\_
- Contact with object (specify): \_\_\_\_\_
- Other cause (specify): \_\_\_\_\_
- Unknown

**Direction of vehicle roll?**

- Toward the right (passenger side)
- Toward the left (driver side)
- End-over-end
- Unknown

**Number of turns**

\_\_\_\_\_ Number of QUARTER TURNS  Unknown

**Plane in contact with ground at final rest?**

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Left side  | <input type="checkbox"/> Top    |
| <input type="checkbox"/> Right side | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Unknown    |                                 |

**Fire Data**

**How long had car been driven before the collision-fire?** \_\_\_\_\_

**Did engine continue running after collision?** \_\_\_\_\_

**Describe when the fire occurred in sequence of events:**

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**When during the sequence of events did you (or someone) turn off the ignition key?**

# Interview Form—Crash Information

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

**Were you a witness to the vehicle fire?**

- No — skip this section  
 Unknown — skip this section       Yes — ask the following questions:

Which vehicle? \_\_\_\_\_

<b>Fire was first seen ...</b>	<input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Under the vehicle <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
<b>Smoke was first seen ...</b>	<input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Under the vehicle <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
<b>Where specifically did you first see fire/smoke? Describe:</b>	_____ _____ _____	
<b>What was the color of the smoke at the start of the fire?</b>	<input type="checkbox"/> White <input type="checkbox"/> Gray	<input type="checkbox"/> Black <input type="checkbox"/> Other
<b>How long after impact did fire/smoke appear?</b>	_____ (seconds or minutes)	
<b>Did you see/hear any explosions? When?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Describe _____ <input type="checkbox"/> No _____ _____	

**Did you see any fluid leakage after impact? \_\_\_\_\_ Where?**

**What did you see?** \_\_\_\_\_

**Any odors of gasoline, coolant, etc? Describe:** \_\_\_\_\_

**How full was tank? When was it last filled?** \_\_\_\_\_

**Vehicle Information**

**Year, Make, and Model?**

Year:            19 \_\_\_\_\_  
 Make:            \_\_\_\_\_  
 Model:            \_\_\_\_\_  
 Odometer Reading: \_\_\_\_\_      Body Style: \_\_\_\_\_  
 Engine Size:    \_\_\_\_\_ L (cu. in.)      Number of Cylinders: \_\_\_\_\_  
 Transmission: Auto \_\_\_\_\_      Manual \_\_\_\_\_

# Interview Form—Crash Information

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

## Additional Vehicle Information

**Describe Post-Crash Damage**

**Doors or Hatch Open During the Crash?**

LF     RF     LR     RR     Hatch  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 "Y" = yes    "N" = no    "U" = unknown

**Windows Break During the Crash?**

WS     LF     RF     LR     RR  
 BL     Roof     Other \_\_\_\_\_  
 "Y" = yes    "N" = no    "U" = unknown

**Window Precrash Status**

WS     LF     RF     LR     RR  
 BL     Roof     Other \_\_\_\_\_  
 "O" = open    "C" = closed  
 "P" = partially open    "U" = unknown

**Cargo in the Vehicle?**

No     Unknown  
 Yes—describe (note if flammable):  
 Approximate weight: \_\_\_\_\_ pounds

**Vehicle Modifications**

Stereo     Amplifier     Alarm  
 Running boards     Roll bars     Bumper modifications  
 Trailer hitch     Fuel system     Body  
 Cooling System     Fog lights

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Interview Form—Crash Information

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

## Service Data

Are you the owner of the vehicle? If not, who is? \_\_\_\_\_

Are you the most familiar with the service history of the vehicle? If not, who is? How can we contact them? \_\_\_\_\_

How long has the vehicle been owned by you (whoever)? \_\_\_\_\_

Has the car been regularly maintained? By whom (dealer, independent, self?) \_\_\_\_\_

How recently has the car received service work? What was done? When was oil level last checked? When was oil last changed or added? \_\_\_\_\_

Does this car have the original battery or is it a replacement? \_\_\_\_\_

Describe what sort of problems you've had with the car (electrical, fuel, runability, engine, transmission, cooling system, brakes, etc.) over the time you've owned it? \_\_\_\_\_

Were these problems resolved? What was done to resolve the problems? \_\_\_\_\_

Were you experiencing any problems with the car just prior to the accident/fire? \_\_\_\_\_

Any changes in performance/gas mileage? \_\_\_\_\_

Had you noticed any fluid leaks prior to the accident? Any smells (fuel, coolant, oil, "hot" fluids or metal)? Did you have any instrument panel indications of any problems prior to the accident? \_\_\_\_\_

Did you notice evidence of leaking fluids where you parked it at night? \_\_\_\_\_

Any known problems with cooling system (radiator, water pump, hoses, etc.)? \_\_\_\_\_

Any history of the vehicle overheating? \_\_\_\_\_

Has the vehicle been involved in any previous collisions? If yes, when? \_\_\_\_\_

If vehicle has been in any previous collisions, what damage was done? Was it repaired? Did the vehicle have any damage evident prior to the subject accident? \_\_\_\_\_



# Interview Form—Crash Information

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

**If Vehicle Has Not Been Inspected**

Current location of the vehicle: \_\_\_\_\_

May we inspect it? \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:**

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**Summary: Concise description of important crash fire information from interview.**

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# Interview Form—Occupant Data Questions

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

## Restraint Information

How many people were in the vehicle at the time of the crash? \_\_\_\_\_

	Driver	Occupant # _____	Occupant # _____
<b>Type of Seat Belt Available</b>  Note: If a belt is not available for a seat position, describe reason  <input type="checkbox"/> Not in designated seating position  <input type="checkbox"/> Cargo area	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Not available*  *Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Not available*  *Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Not available*  *Describe:
<b>Do Seat Belts Move Along a Motorized Track for this Seat? (i.e., 2-point automatic belt)</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* If "Yes," Were They Working Properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
<b>Are Any Belts Attached to the Door? (i.e., 3-point automatic belt)</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* If "Yes," Does It Cross?	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
<b>Occupant Wearing Any Seat Belt?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

### Skip the Following If No Seat Belt Was Worn

<b>Type of Belt Worn?</b>	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & shoulder <input type="checkbox"/> Unknown
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# Interview Form—Occupant Data Questions

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

	Driver	Occupant # _____	Occupant # _____
<b>Lap Belt Situated?</b>	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown
<b>Shoulder Belt Situated?</b>	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown

**Describe any breaks, tears, or failure to any of the seat belts:**

### Ejection, Entrapment, Mobility Information

	Driver	Occupant # _____	Occupant # _____
<b>Any Part of Body Thrown Outside the Vehicle During the Crash?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  *If ""Yes"—what part(s) were ejected, and what area of the vehicle was involved?: _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  *If ""Yes"—what part(s) were ejected, and what area of the vehicle was involved?: _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  *If ""Yes"—what part(s) were ejected, and what area of the vehicle was involved?: _____ _____ _____

# Interview Form—Occupant Data Questions

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

	Driver	Occupant # _____	Occupant # _____
<b>Anyone Entrapped in the Vehicle?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically entrapped ___ jammed doors ___ fire, etc.  <input type="checkbox"/> Unknown  Detail any entrapment _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically entrapped ___ jammed doors ___ fire, etc.  <input type="checkbox"/> Unknown  Detail any entrapment _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically entrapped ___ jammed doors ___ fire, etc.  <input type="checkbox"/> Unknown  Detail any entrapment _____ _____
<b>How Did Occupant(s) Exit the Vehicle?</b>	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

**Further describe any ejection, entrapment, or mobility information here:**

# Interview Form—Occupant Data Questions

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

## Child Safety Seat Information

### Was There a Person in a Child Safety Seat in this Vehicle?

- Yes (If "Yes" complete this section)
- No (If "no" or "unknown" Skip This section)
- Unknown

	Driver	Occupant # _____	Occupant # _____
<b>Type of Seat?</b>		<input type="checkbox"/> No Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Unknown
<b>Direction Seat Facing Prior to Crash?</b>		<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Unknown

## Injury Information

	Driver	Occupant # _____	Occupant # _____
<b>Were You Injured?</b>  > If "Yes" go to mannequin page and record injuries in detail  > If "no" ask next questions	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>Did You Have Any of the Following?</b>  (If any injuries are checked, go to the mannequin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other—specify on mannequin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other—specify on mannequin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other—specify on mannequin
<b>Transported Directly from Accident Scene for Treatment?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

## Interview Form—Occupant Injuries

Case Number _____	Vehicle Number _____	Investigator Number _____	Interviewee _____
	<b>Driver</b>	<b>Occupant # _____</b>	<b>Occupant # _____</b>
<b>Receive Any Medical Treatment?</b> (check all that apply)	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
<b>Hospitalized?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes—# of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—# of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—# of days _____ <input type="checkbox"/> Unknown
<b>Treated and Released from the Emergency Room?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>Name and Location of Medical Treatment Facility?</b>			
<b>Do you still experience physical or psychological symptoms from injuries due to the accident?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes—describe briefly: _____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes—describe briefly: _____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes—describe briefly: _____ _____ _____ _____
<b>Lost any days from work or school (college) due to the crash?</b>	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes—number of days _____ <input type="checkbox"/> Yes—recovery not complete <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes—number of days _____ <input type="checkbox"/> Yes—recovery not complete <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes—number of days _____ <input type="checkbox"/> Yes—recovery not complete <input type="checkbox"/> Unknown

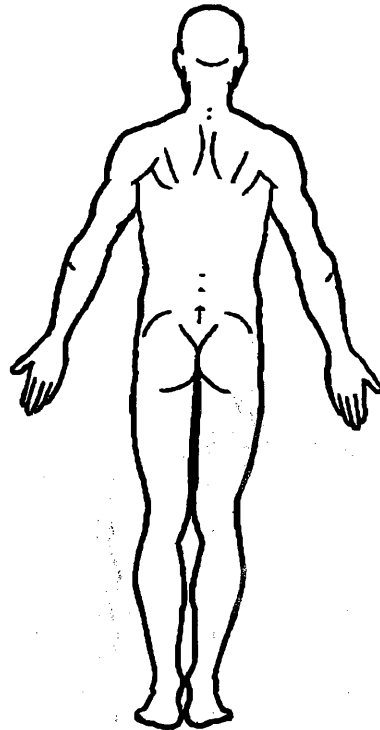
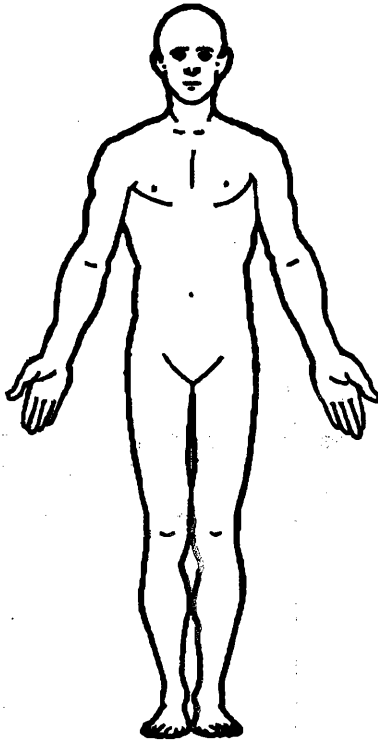
# Interview Form—Occupant Injuries

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

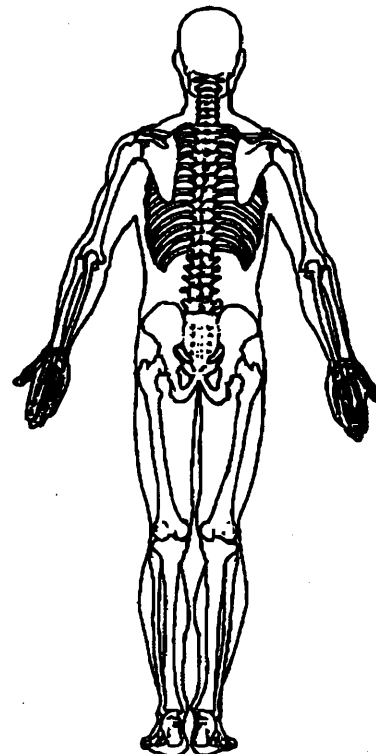
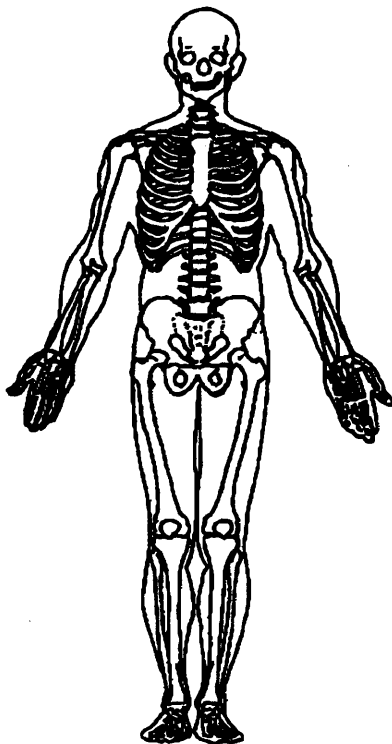
## Injury Data from Interviewee(s)

Indicate the *Location, Lesion, and Detail* of all injuries. Occupant No.: \_\_\_\_\_

### SOFT TISSUE/INTERNAL INJURIES



### SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



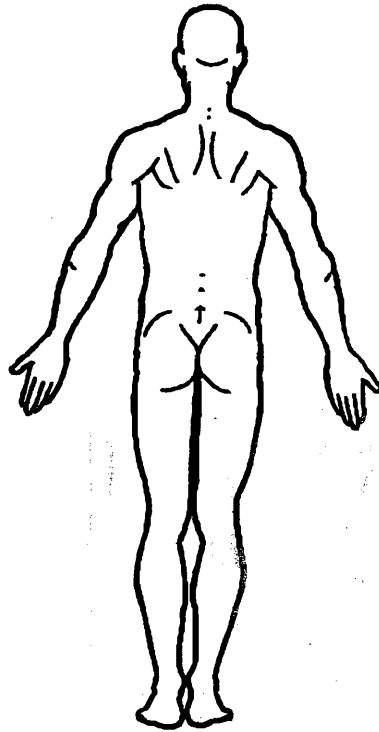
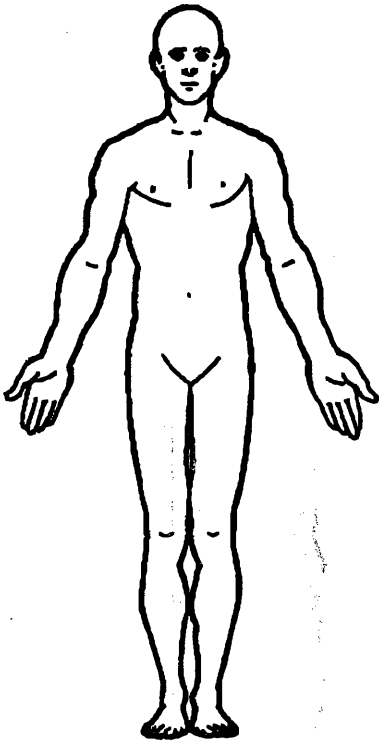
# Interview Form—Occupant Injuries

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

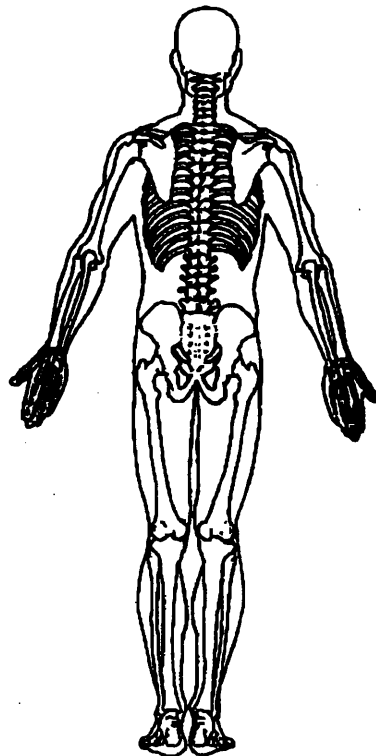
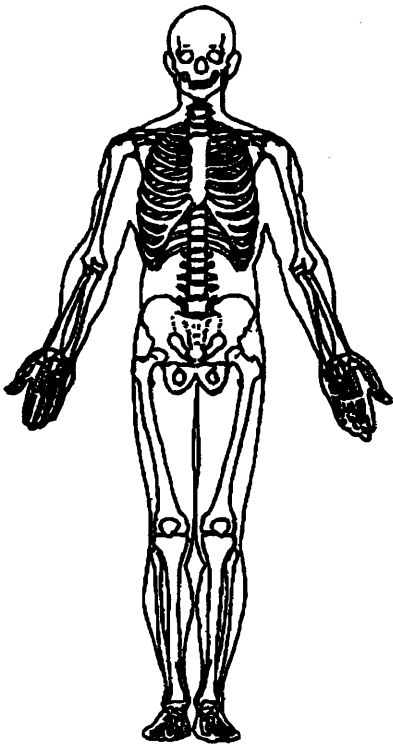
## Injury Data from Interviewee(s)

Indicate the *Location, Lesion, and Detail* of all injuries. Occupant No.: \_\_\_\_\_

### SOFT TISSUE/INTERNAL INJURIES



### SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

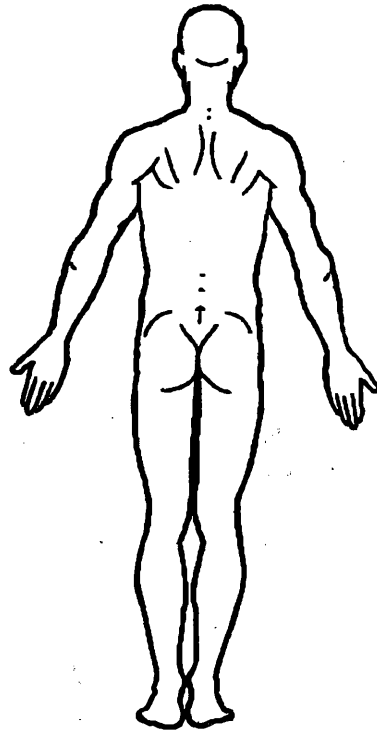
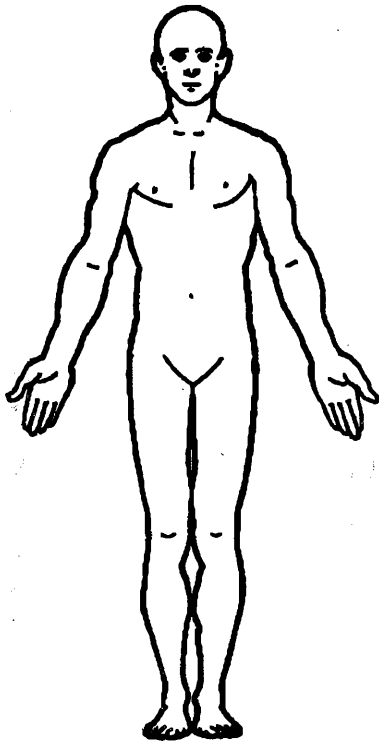
# Interview Form—Occupant Injuries

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

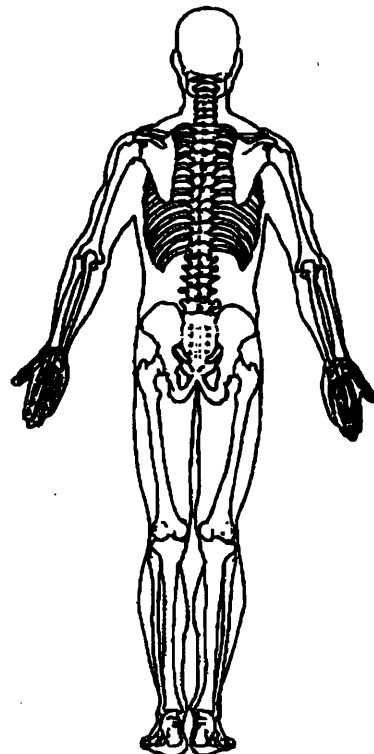
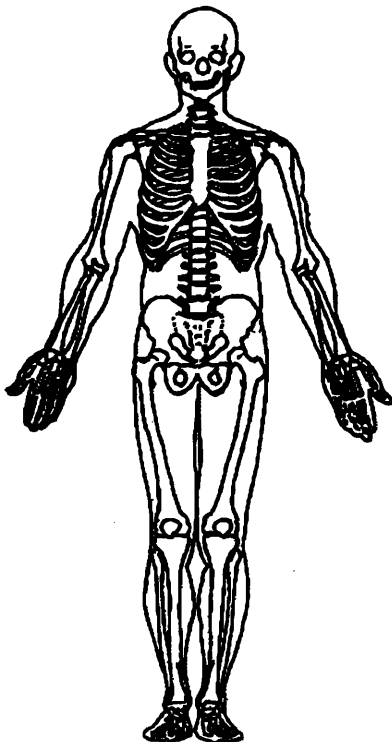
## Injury Data from Interviewee(s)

Indicate the *Location, Lesion, and Detail* of all injuries. Occupant No.: \_\_\_\_\_

### SOFT TISSUE/INTERNAL INJURIES



### SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

# Interview Form—Burn Chart

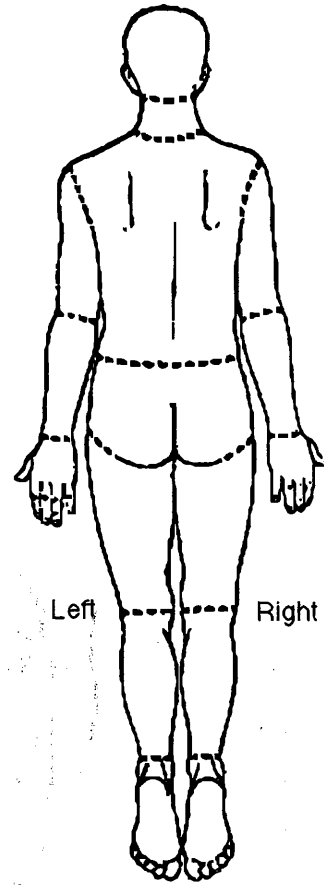
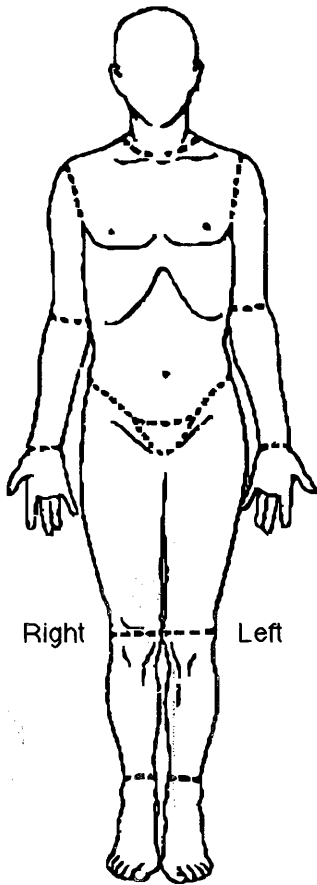
Case Number \_\_\_\_\_

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

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

Interviewee \_\_\_\_\_

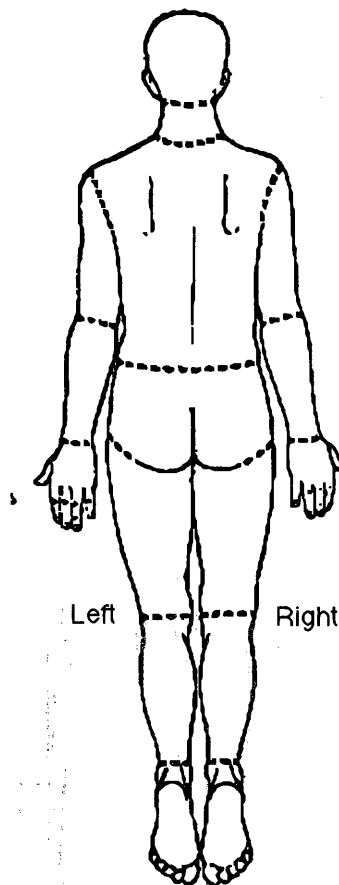
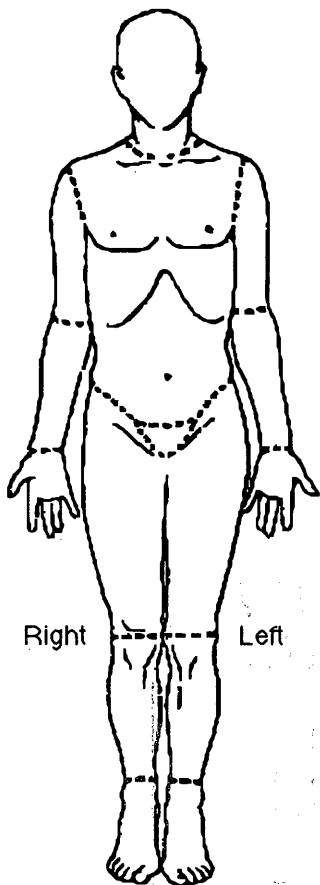
Occupant No.: \_\_\_\_\_



Area	Yes/ No	Skin Graft Needed Yes/No/Unknown
Head		
Neck		
Ant. Trunk		
Post. Trunk		
R. Buttock		
L. Buttock		
Genitalia		
R. U. Arm		
L. U. Arm		
R. L. Arm		
L. L. Arm		
R. Hand		
L. Hand		
R. Thigh		
L. Thigh		
R. Leg		
L. Leg		
R. Foot		
L. Foot		
TOTAL		

# Interview Form—Burn Chart

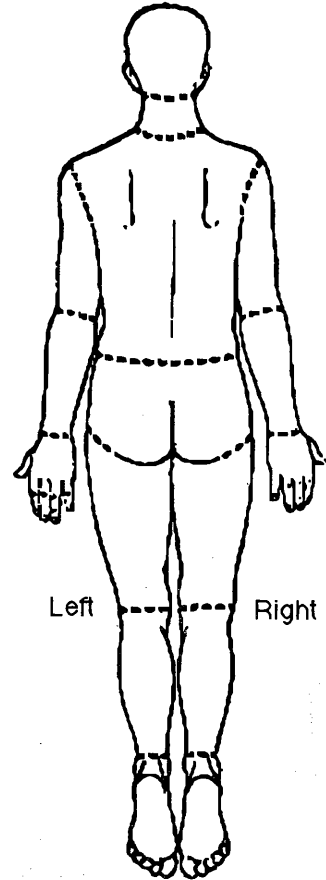
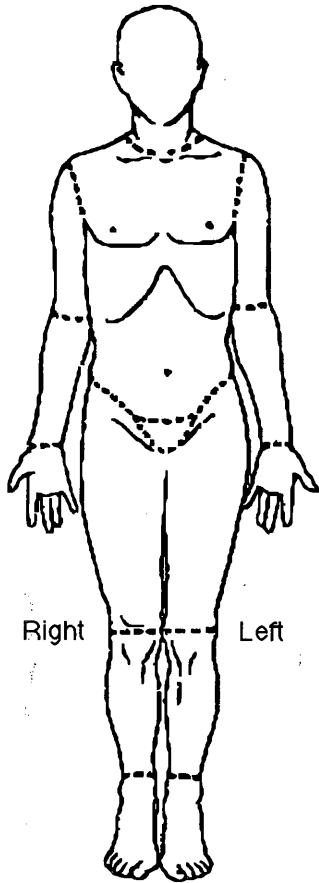
Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Interviewee \_\_\_\_\_  
 Occupant No.: \_\_\_\_\_



Area	Yes/ No	Skin Graft Needed Yes/No/Unknown
Head		
Neck		
Ant. Trunk		
Post. Trunk		
R. Buttock		
L. Buttock		
Genitalia		
R. U. Arm		
L. U. Arm		
R. L. Arm		
L. L. Arm		
R. Hand		
L. Hand		
R. Thigh		
L. Thigh		
R. Leg		
L. Leg		
R. Foot		
L. Foot		
TOTAL		

# Interview Form—Burn Chart

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Interviewee \_\_\_\_\_  
 Occupant No.: \_\_\_\_\_



Area	Yes/ No	Skin Graft Needed Yes/No/Unknown
Head		
Neck		
Ant. Trunk		
Post. Trunk		
R. Buttock		
L. Buttock		
Genitalia		
R. U. Arm		
L. U. Arm		
R. L. Arm		
L. L. Arm		
R. Hand		
L. Hand		
R. Thigh		
L. Thigh		
R. Leg		
L. Leg		
R. Foot		
L. Foot		
TOTAL		

## Interview Form—Burn Chart

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

	Driver	Occupant # _____	Occupant # _____
<p><b>If Required:</b></p> <p><b>Can firm arrangements be made for signing medical release?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undecided	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undecided	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Undecided
<p><b>If not, are you willing to sign medical release?</b></p> <p>If yes, arrange for consent form delivery. Note method, date promised, and log form meeting.</p> <p>Determine logistics of signing form (fax, mail).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes