

PSU Number: _____ Case Number: _____ Vehicle Number: _____ Interviewee Role: _____

Interview Conducted: Phone In Person Do you still have the child seat? Yes No

Occupant Information:	Occupant # _____ Height _____ Weight _____ Age _____	Occupant # _____ Height _____ Weight _____ Age _____	Occupant # _____ Height _____ Weight _____ Age _____
Seating Position of OCCUPIED child seat?	<input type="checkbox"/> Front Mid <input type="checkbox"/> Front Right <input type="checkbox"/> 2nd Left <input type="checkbox"/> 2 ND Mid <input type="checkbox"/> 2 nd Rt <input type="checkbox"/> 3rd Left <input type="checkbox"/> 3rd Mid <input type="checkbox"/> 3rd Rt <input type="checkbox"/> Cargo area/trunk <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Front Mid <input type="checkbox"/> Front Right <input type="checkbox"/> 2 nd Left <input type="checkbox"/> 2 nd Mid <input type="checkbox"/> 2 nd Rt <input type="checkbox"/> 3 rd Left <input type="checkbox"/> 3rd Mid <input type="checkbox"/> 3 rd Rt <input type="checkbox"/> Cargo area/trunk <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Front Mid <input type="checkbox"/> Front Right <input type="checkbox"/> 2 nd Left <input type="checkbox"/> 2nd Mid <input type="checkbox"/> 2 nd Rt <input type="checkbox"/> 3rd Left <input type="checkbox"/> 3rd Mid <input type="checkbox"/> 3 rd Rt <input type="checkbox"/> Cargo area/trunk <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____
At the time of the crash what type child seat was the child using? Refer to pictures on Page 3.	<input type="checkbox"/> Infant (rear only) <input type="checkbox"/> Convertible (rear or forward) <input type="checkbox"/> Forward Facing Only <input type="checkbox"/> Booster w/shield <input type="checkbox"/> Belt-Positioning Booster w/ seatbelt <input type="checkbox"/> Built-in <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Infant (rear only) <input type="checkbox"/> Convertible (rear or forward) <input type="checkbox"/> Forward Facing Only <input type="checkbox"/> Booster w/shield <input type="checkbox"/> Belt-Positioning Booster w/ seatbelt <input type="checkbox"/> Built-in <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Infant (rear only) <input type="checkbox"/> Convertible (rear or forward) <input type="checkbox"/> Forward Facing Only <input type="checkbox"/> Booster w/shield <input type="checkbox"/> Belt-Positioning Booster w/ seatbelt <input type="checkbox"/> Built-in <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____
Manufacturer Make/Model Name/ Number and Date of Manufacture? If unknown, ask for information provided on label.	_____ Unknown _____ _____ _____	_____ Unknown _____ _____ _____	_____ Unknown _____ _____ _____
Which direction was the child seat facing?	<input type="checkbox"/> Forward <input type="checkbox"/> Rearward <input type="checkbox"/> Sideways/flat/Supine <input type="checkbox"/> Unknown	<input type="checkbox"/> Forward <input type="checkbox"/> Rearward <input type="checkbox"/> Sideways/flat/Supine <input type="checkbox"/> Unknown	<input type="checkbox"/> Forward <input type="checkbox"/> Rearward <input type="checkbox"/> Sideways/flat/Supine <input type="checkbox"/> Unknown
Does the Child Seat have a Tether and Lower Anchor Attachments	Has Both: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown OR <input type="checkbox"/> Tether Only <input type="checkbox"/> Lower Attachment Only	Has Both: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown OR <input type="checkbox"/> Tether Only <input type="checkbox"/> Lower Attachment Only	Has Both: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown OR <input type="checkbox"/> Tether Only <input type="checkbox"/> Lower Attachment Only
What type harness/shield system does the Seat have? <i>*IF SEAT WAS A BOOSTER AND VEHICLE BELT RESTRAINED CHILD, SKIP TO PAGE 4.</i>	<input type="checkbox"/> 3-pt <input type="checkbox"/> 5-pt <input type="checkbox"/> Tray shield <input type="checkbox"/> T-Shield <input type="checkbox"/> Removable Shield <input type="checkbox"/> Unknown Refer to examples on page 3 if unsure <input type="checkbox"/> No harness, belt-positioning booster w/lap/shoulder belt*	<input type="checkbox"/> 3-pt <input type="checkbox"/> 5-pt <input type="checkbox"/> Tray Shield <input type="checkbox"/> T Shield <input type="checkbox"/> Removable Shield <input type="checkbox"/> Unknown Refer to examples on page 3 if unsure <input type="checkbox"/> No harness, belt-positioning booster w/lap/shoulder belt*	<input type="checkbox"/> 3-pt <input type="checkbox"/> 5-pt <input type="checkbox"/> Tray Shield <input type="checkbox"/> T Shield <input type="checkbox"/> Removable Shield <input type="checkbox"/> Unknown Refer to examples on page 3 if unsure <input type="checkbox"/> No harness, belt-positioning booster w/lap/shoulder belt*

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	Occupant 1	Occupant 2	Occupant 3
In which slots were the harness straps?	<input type="checkbox"/> Top slots <input type="checkbox"/> Middle slots <input type="checkbox"/> Bottom slots <input type="checkbox"/> Unknown	<input type="checkbox"/> Top slots <input type="checkbox"/> Middle slots <input type="checkbox"/> Bottom slots <input type="checkbox"/> Unknown	<input type="checkbox"/> Top slots <input type="checkbox"/> Middle slots <input type="checkbox"/> Bottom slots <input type="checkbox"/> Unknown
Harness buckled prior to crash?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Did the child seat have a clip/slide on the harness straps?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Used, where was it positioned? <input type="checkbox"/> Unknown <input type="checkbox"/> Neck <input type="checkbox"/> Chest level <input type="checkbox"/> Stomach level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Used, where was it positioned? <input type="checkbox"/> Unknown <input type="checkbox"/> Neck <input type="checkbox"/> Chest level <input type="checkbox"/> Stomach level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Used, where was it positioned? <input type="checkbox"/> Unknown <input type="checkbox"/> Neck <input type="checkbox"/> Chest level <input type="checkbox"/> Stomach level
At the time of the crash, what attached the child seat to the vehicle? (Check all that apply)	<input type="checkbox"/> Seatbelt <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Lap/Should Belt <input type="checkbox"/> Tether <input type="checkbox"/> Lower Anchors <input type="checkbox"/> Unknown <input type="checkbox"/> Not Attached	<input type="checkbox"/> Seatbelt <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Lap/Should Belt <input type="checkbox"/> Tether <input type="checkbox"/> Lower Anchors <input type="checkbox"/> Unknown <input type="checkbox"/> Not Attached	<input type="checkbox"/> Seatbelt <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Lap/Should Belt <input type="checkbox"/> Tether <input type="checkbox"/> Lower Anchors <input type="checkbox"/> Unknown <input type="checkbox"/> Not Attached
How was vehicle seat belt locked to secure child seat? Check all that apply	<input type="checkbox"/> Just buckled belt <input type="checkbox"/> Unknown <input type="checkbox"/> Pressed down on child seat <input type="checkbox"/> Pulled belt out to lock <input type="checkbox"/> Switch button on seatbelt latch plate <input type="checkbox"/> Locking Clip <input type="checkbox"/> Other _____	<input type="checkbox"/> Just buckled belt <input type="checkbox"/> Unknown <input type="checkbox"/> Pressed down on child seat <input type="checkbox"/> Pulled belt out to lock <input type="checkbox"/> Switch button on seatbelt latch plate <input type="checkbox"/> Locking clip <input type="checkbox"/> Other _____	<input type="checkbox"/> Just buckled belt <input type="checkbox"/> Unknown <input type="checkbox"/> Pressed down on child seat <input type="checkbox"/> Pulled belt out to lock <input type="checkbox"/> Switch button on seatbelt latch plate <input type="checkbox"/> Locking clip <input type="checkbox"/> Other _____
Where was the vehicle seatbelt routed through the child seat?	<input type="checkbox"/> Forward Facing, through back of restraint or Across Shield <input type="checkbox"/> Rear Facing, across front/child's foot area or through Separate Base <input type="checkbox"/> Clips/loops on side <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Forward Facing, through back of restraint or Across Shield <input type="checkbox"/> Rear Facing, across front/child's foot area or Thru Separate Base <input type="checkbox"/> Clips/loops on side <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Forward Facing, through back of restraint or Across Shield <input type="checkbox"/> Rear Facing, across front/child's foot area or Thru Separate Base <input type="checkbox"/> Clips/loops on side <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____
After the child seat was installed, was it tight, snug, or loose?	<input type="checkbox"/> Tight (would not move from side-to-side or forward) <input type="checkbox"/> Snug but might move a little <input type="checkbox"/> Loose (moved a lot) <input type="checkbox"/> Do not know - Never checked <input type="checkbox"/> Unknown	<input type="checkbox"/> Tight (would not move from side-to-side or forward) <input type="checkbox"/> Snug but might move a little <input type="checkbox"/> Loose (moved a lot) <input type="checkbox"/> Do not know - Never checked <input type="checkbox"/> Unknown	<input type="checkbox"/> Tight (would not move from side-to-side or forward) <input type="checkbox"/> Snug but might move a little <input type="checkbox"/> Loose (moved a lot) <input type="checkbox"/> Do not know - Never checked <input type="checkbox"/> Unknown
Was the child / seat ejected from the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was the child seat damaged during the crash? (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown *If yes, specify <input type="checkbox"/> Harness <input type="checkbox"/> Shell <input type="checkbox"/> Shield <input type="checkbox"/> Other specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown *If yes, specify <input type="checkbox"/> Harness <input type="checkbox"/> Shell <input type="checkbox"/> Shield <input type="checkbox"/> Other specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown *If yes, specify <input type="checkbox"/> Harness <input type="checkbox"/> Shell <input type="checkbox"/> Shield <input type="checkbox"/> Other specify _____
Have you ever attended a child seat check clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Family Member <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Family Member <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Family Member <input type="checkbox"/> Unknown

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Child Seat Types

<p>Infant only seats- newborn up to about 2 years old - rear facing only</p>	<p>Infant Car Bed</p> 	<p>Infant Only Seat 5-Point with a Base</p> 	<p>Infant Only Seat 3-point</p> 
<p>Convertible seats- forward and rear facing</p>	<p>Convertible Seat with Tray Shield</p> 	<p>Convertible Seat with T-Shield</p> 	<p>Convertible Seat with 5-Point Harness</p> 
<p>Forward facing only seats typically equipped with a 5-pt harness</p>	<p>Forward Facing with 5-Point Harness</p> 	<p>Hi-Back Booster with 5-pt Harness</p> 	<p>Forward Facing Shield Booster</p> 
<p>Booster seats requires vehicle lap and shoulder belt for restraint</p>	<p>No-Back Belt- Positioning Booster</p> 	<p>Hi-Back Belt- Positioning Booster</p> 	<p>Hi-Back Belt- Positioning Booster</p> 

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Continue ONLY if the seat was used as a booster**Occupant 1****Occupant 2****Occupant 3**

	Occupant 1	Occupant 2	Occupant 3
Does the seat have a high back (similar to a bucket seat)?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Unknown *If No, was the booster a sitting base only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Unknown *If No, was the booster a sitting base only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Unknown *If No, was the booster a sitting base only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
What restrained the child?	<input type="checkbox"/> Vehicle Lap/shoulder belt <input type="checkbox"/> Vehicle Lap belt only <input type="checkbox"/> No belt <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Vehicle Lap/shoulder belt <input type="checkbox"/> Vehicle Lap belt Only <input type="checkbox"/> No belt <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Vehicle Lap/shoulder belt <input type="checkbox"/> Vehicle Lap belt Only <input type="checkbox"/> No belt <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____
Was shoulder belt placed into a clip on side of booster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Describe the general position of the vehicle shoulder belt?	<input type="checkbox"/> Across the collarbone and over the shoulder <input type="checkbox"/> snug <input type="checkbox"/> loose <input type="checkbox"/> Resting on the neck <input type="checkbox"/> On edge of shoulder <input type="checkbox"/> Placed under arm <input type="checkbox"/> Placed behind back <input type="checkbox"/> Unknown	<input type="checkbox"/> Across the collarbone and over the shoulder <input type="checkbox"/> snug <input type="checkbox"/> loose <input type="checkbox"/> Resting on the neck <input type="checkbox"/> On edge of shoulder <input type="checkbox"/> Placed under arm <input type="checkbox"/> Placed behind back <input type="checkbox"/> Unknown	<input type="checkbox"/> Across the collarbone and over the shoulder <input type="checkbox"/> snug <input type="checkbox"/> loose <input type="checkbox"/> Resting on the neck <input type="checkbox"/> On edge of shoulder <input type="checkbox"/> Placed under arm <input type="checkbox"/> Placed behind back <input type="checkbox"/> Unknown
Describe the general position of the vehicle lap belt	<input type="checkbox"/> Low across hips/upper thighs <input type="checkbox"/> snug <input type="checkbox"/> loose <input type="checkbox"/> High across waist/stomach <input type="checkbox"/> snug <input type="checkbox"/> loose <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low across hips/upper thighs <input type="checkbox"/> snug <input type="checkbox"/> loose <input type="checkbox"/> High across waist/stomach <input type="checkbox"/> snug <input type="checkbox"/> loose <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low across hips/upper thighs <input type="checkbox"/> snug <input type="checkbox"/> loose <input type="checkbox"/> High across waist/stomach <input type="checkbox"/> snug <input type="checkbox"/> loose <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown
Was the child injured? – If Yes, go to the manikin page in CISS Interview and record the injuries in detail	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

NOTES:

See the Photography Guide for a detailed description of the required images for child restraint inspections.