

RECONSTRUCTION FORM

CASE NUMBER: _____

Overview

Case Status

- Case Dismissed
- On-Scene Investigation completed
- Vehicle Investigation completed
- Accident Sketch available
- Driver Interview available

Reconstruction

- Momentum based reconstruction
 - PC Crash
 - Hand Calculation
 - other: _____

- Damage based reconstruction
 - AI Damage
 - EES Catalog
 - other: _____

- No reconstruction possible, because
 - no Scene Measurements available
 - no Scene Sketch available
 - no Vehicle measurements available
 - other: _____

Reconstruction conducted by: _____

Date: _____

Accident Participants

- number of passenger cars
- number of trucks
- number of motorcycles
- number of bicycles
- number of pedestrians

When applicable, use below proposed codes.

—= Not applicable (7777) OT= Other (8888) U= Unknown (9999)

Accident Sequence

Vehicle Number: _____ Vehicle Description: _____

Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____
Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____
Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____
Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____
Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____
Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____
Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____
Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____
Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____
Event Nr _____	Event Type: _____	Imp. Nr _____	Roll Nr _____	AccE Nr. _____

Additional Information: vehicle typ: _____

engine: _____

weight: _____

length: _____

Event Types:

- | | |
|--|------------------------------------|
| 1 - skidding initiation | 11 - entering POV's lane of travel |
| 2 - jack-knife initiation | 12 - back to road |
| 3 - run of road to the right | 13 - steer reaction initiation |
| 4 - run of road to the left | 14 - brake reaction initiation |
| 5 - cross lane marking right | 15 - normal brake initiation |
| 6 - cross lane marking left | 16 - technical issue initiation |
| 7 - cross median line | 17 - rollover initiation |
| 8 - turn indicator onset from EDR | 18 - contact |
| 9 - crosses stop line / yield markings | 19 - impact |
| 10 - left/right turn initiation | 20 - other |

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Vehicle Impact		
Vehicle Number: _____	Vehicle Description: _____	
Impact Number: _____	Collision Partner Nr: _____	
Coll. Part. Ev. Nr.: _____	Imp. Severity Order: _____	
Impact within Rollover: _____	Steering: _____	Brake Dist.: _____
Overlap: _____	Mean Acc.: _____ before	Mean Acc.: _____ after
CDC1,2 _____	CDC3 _____	CDC4/e _____
	CDC5 _____	CDC6 _____ CDC7 _____
Defomation Length: _____	Dist. COG x : _____	Dist. CoG y: _____
Max. Deform.: _____	Epsilon: _____	Vehicle Stiff.: _____
C1 _____	C2 _____	C3 _____
	C4 _____	C5 _____ C6 _____
Energy Absor.: _____		
Initial Speed: _____	Tolerance Range: _____	Source: _____
Coll. Speed: _____	Tolerance Range: _____	Source: _____
Run Out Speed: _____	Tolerance Range: _____	Source: _____
Delta Omega: _____	Tolerance Range: _____	Source: _____
EES: _____	Tolerance Range: _____	Source: _____
Delta V: _____	Tolerance Range: _____	Source: _____
DV longitud.: _____	DV lateral: _____	
PDOF: _____	PDOF Source: _____	
Appr. Angle: _____	Coll. Angle: _____	Slip Angle _____
Add. Info: _____		

Vehicle Rollover	
Vehicle Number: _____	Vehicle Description: _____
Rollover Number: _____	Event Nr: _____
Impact during Rollover: _____	Init. Rollover Direction: _____
Initiation of Rollover: _____	
Rollover Causing Event: _____	
Number of lateral Rolls: _____	
Number of longitudinal Rolls: _____	
Rollover Type	<input type="checkbox"/> trip-over (immediately stuck, e.g. curb, pothole) <input type="checkbox"/> flip-over (contact to ramp-like object) <input type="checkbox"/> fall-over (CoG out of wheels, e.g. slope) <input type="checkbox"/> bounce-over (rebound a fixed object) <input type="checkbox"/> climb-over (climbs up and over fixed object) <input type="checkbox"/> turn-over (centrifugal forces, e.g. turning) <input type="checkbox"/> collision with other vehicle
Additional Info: _____	
Pedestrian Impact	
Element Number: _____	Element Description: _____
Impact Number: _____	Collision Partner Nr: _____
Coll. Part. Ev. Nr.: _____	Imp. Severity Order: _____
Pedestrian Throw Distance: _____	
Pedestr. Speed: _____	Tolerance Range: _____
Source: _____	
PDOF: _____	PDOF Source: _____
Approach direction of Pedestrian to vehicle (o'clock): _____	
Add. Info: _____	

Pedestrian Contacts

Element Number: _____ Element Description: _____

Impact Number: _____ Contact Nr: _____

x-Measurement: _____ y-Measurement: _____ y-Measurement: _____

Wrap Around Distance: _____

Vehicle Contact Part:

- Front bumper
- Bonnet leading edge
- Headlamp
- Fender front
- Hood
- Fender top
- Fender left side
- Fender right side
- Windscreen lower frame
- Windscreen
- A-Pillar left
- A-Pillar right
- Windscreen upper frame
- Roof
- Front door left
- Front door right
- Rear door left
- Rear door right
- Body side left
- Body side right
- Tailgate
- Rear bonnet edge
- Rear bumper

Pedestrian Body Part

- Head and face
- Neck
- Shoulder
- Upper arm
- Elbow
- Lower arm
- Hand and wrist
- Thorax
- Abdomen
- Pelvis
- Upper leg
- Knee
- Lower leg
- Foot and ankle

Add. Info: _____

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