

Occupant Table

Field	Right Justify	From	To	Length	Notes
Year		1	4	4	
County Code		5	6	2	
Municipality Code		7	8	2	
Department Case Number		9	31	23	
Comma		32	32	1	
Vehicle Number	Y	33	34	2	
Comma		35	35	1	
Occupant Number	Y	36	37	2	
Comma		38	38	1	
Physical Condition		39	40	2	
Comma		41	41	1	
Position In/On Vehicle		42	43	2	
Comma		44	44	1	
Ejection Code		45	46	2	
Comma		47	47	1	
Age	Y	48	50	3	
Comma		51	51	1	
Sex		52	52	1	
Comma		53	53	1	
Location of Most Severe Injury		54	55	2	
Comma		56	56	1	
Type of Most Severe Physical Injury		57	58	2	
Comma		59	59	1	
Refused Medical Attention		60	60	1	
Comma		61	61	1	
Safety Equipment Available		62	63	2	
Comma		64	64	1	
Safety Equipment Used		65	66	2	
Comma		67	67	1	
Airbag Deployment		68	69	2	
Comma		70	70	1	
Hospital Code		71	74	4	