

Occupant Table Layout (2001-2016)

Field	Right Justify	From	To	Length	Comments / 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	