

MOTOR VEHICLE COLLISION

Date of Collision: _____ Time of Collision: _____

Patient Was: Driver Front Passenger Rear Passenger Motorcycle operator Motorcycle passenger ATV operator ATV passenger Other

Other Vehicle Size Not Reported Subcompact Compact Mid-size Full-size Other

Time of Day Not Reported Daylight Dawn Dusk Night Other

Patient Struck Not Reported Steering Wheel Air bag Dashboard Rear-view mirror Windshield Car interior Other

Did you lose consciousness? Not Reported Yes, How long?
No

Vehicle Size Not Reported Subcompact Compact Mid-size Full-size Other

Other Travel Direction Not Reported North South East West Other

Road Conditions Not Reported Dry Damp Wet Snow Icy Other

Injury Area Head Neck Shoulders Upper/Mid Back Lower Back Chest / Ribs Arms Elbows Forearms Wrists Hands Abdomen Buttocks Pelvis Hips Thighs Legs Knees Ankles Feet

Seat Belt <ul style="list-style-type: none"> • Lap Belt Not Reported Used Not used • Shoulder Belt Not Reported Used Not used
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Travel Direction Not Reported North South East West Other

Collision Location Not Reported Head On Front Behind Passenger's Side Driver's Side Other

Accident Anticipated Not Reported Yes No

Patient Ejected Not Reported Ejected Not ejected

Head Rest Not Reported Above head Below head None

Air Bags Not Reported Deployed Did not deploy
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HOSPITALIZATION

Did you go to the hospital/ or any other facility? Yes No If yes, name of place? _____

I was: seen in the ER admitted to the hospital. If admitted, when were you released? _____

When did you go to the hospital/facility? _____

I was transported by: Private vehicle Ambulance Police car Helicopter

The following were done: Exam X-rays MRI CT scan Stitches Surgery Prescription drugs given