

## Vehicle Accident Report

Name: \_\_\_\_\_

Enter the date of the accident: \_\_\_\_\_ Enter the time of the accident: \_\_\_\_\_ AM PM

Patient Role:  Driver  Front passenger  Rear passenger  Motorcycle operator  Motorcycle passenger  
 ATV operator  ATV passenger  Other \_\_\_\_\_

Vehicle Size:  Not reported  Subcompact  Compact  Mid-size  Full-size  Other: \_\_\_\_\_

Travel Direction:  Not reported  North  South  East  West  Other: \_\_\_\_\_

Other Vehicle Size:  Not reported  Subcompact  Compact  Mid-size  Full-size  Other: \_\_\_\_\_

Other Travel Direction:  Not reported  North  South  East  West  Other: \_\_\_\_\_

Collision Location:  Not reported  Head On  Front  Behind  Passenger's Side  Driver's Side

Other: \_\_\_\_\_

Time of Day:  Not reported  Daylight  Dawn  Dusk  Night  Other: \_\_\_\_\_

Road Conditions:  Not reported  Dry  Damp  Wet  Snow  Ice  Other: \_\_\_\_\_

Accident Anticipated?:  Not reported  Yes  No

Patient Ejected?:  Not reported  Ejected  Not ejected

Patient Struck:  Not reported  Steering wheel  Air bag  Dashboard  Rear-view mirror  Windshield

Car Interior  Other: \_\_\_\_\_

Patient Conscious:  Not reported  Lost consciousness  Did not lose consciousness

Seat Belt:  Not reported  Used  Not used

Shoulder Belt:  Not reported  Used  Not used

Head Rest:  Not reported  Above head  Below head  None

Air Bags:  Not reported  Deployed  Did not deploy

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

Other: \_\_\_\_\_

Please list all other accidents, injuries and surgeries including the year. (If you need extra space use the back of this page)

\_\_\_\_\_

\_\_\_\_\_