

Automobile Accident

Name: _____ Today's Date: _____ Date of Accident: _____

DESCRIBE THE VEHICLE:

Patient's Vehicle Type:

- Bus
- Van
- Sport Utility
- Sports Car
- Truck
- Coupe
- Station Wagon
- Sedan
- Pick-up Truck

Vehicle Size:

- Compact
- Mini
- Full-size
- Sub-compact
- Light
- Semi
- Mid-Size

Position in Vehicle:

- Driver
- Rear left passenger
- Front mid passenger
- Rear mid passenger
- Front right passenger
- Rear right passenger

DESCRIBE THE ACCIDENT:

Action of patient vehicle:

- Crossing intersection
- Stopped at intersection
- Stopped for pedestrian
- Stopped in traffic
- Turning right
- Turning left
- Traveling speed limit
- Faster than speed limit
- Slower than speed limit

Patient's vehicle was hit:

- Head-on
- On the left front
- On the right front
- On the left rear
- On the right rear
- Was rear-ended
- Sideswiped on left
- Sideswiped on right

Patient's vehicle hit:

- Other vehicle head-on
- Left front of other vehicle
- Left rear of other vehicle
- Rt rear of other vehicle
- Rt front of other vehicle
- Rear-ended other vehicle
- Sideswiped other vehicle/left
- Sideswiped other vehicle/rt

Damage:

- Complete
- Extensive
- Minimal
- Moderate

Time of Day:

- Dawn
- Daylight
- Dusk
- Night

Other vehicle

Damage:

- Complete
- Extensive
- Minimal
- Moderate

Visibility:

- Fair
- Poor
- Good

Patient's vehicle was hit by:

- Compact car
- Full-sized car
- Mid-sized car
 Subcompact- Semi-trailer
- Light truck
- Pick-up Truck
- Sport-utility
- Full-sized van
- Mini van
- Other

Patient's vehicle hit:

- Compact car
- Full-sized car
- Mid-sized car
- Subcompact
- Semi-trailer
- Light truck
- Pick up Truck
- Sport-utility vehicle
- Full-sized van
- Mini van
- Other

Weather conditions:

- Clear
- Cloudy
- Drizzling
- Foggy

- Rain
- Snow
- Storm
- Sunny

Road Conditions:

- Dry
- Damp
- Wet
- Ice
- Dry/Ice Patches
- Snowed over

DESCRIBE MOMENT OF IMPACT:

Body position at impact:

- Leaning forward
- Slouched in seat
- Straight
- Turned left
- Turned right

Head Position at Impact:

- Straight
- Tilted forward
- Turned left
- Turned right

Type of Passive Restraint:

- Airbag
- Lap belt
- Shoulder belt
- Shoulder/lap belt

Position of Headrests:

- High position
- Low position
- Not installed

Did airbag deploy?

Yes No

Did you brace for impact?

Yes No

Direction body was thrown:

- Forward then back
- To right
- Outside the vehicle

Direction head was thrown:

- Back then forward
- Forward then back
- Side to side

I understand that the information I have provided is current and complete to the best of my knowledge.

Signature _____