

## MOTOR VEHICLE COLLISION DATA

**PATIENT'S NAME:** \_\_\_\_\_ **DATE OF ACCIDENT:** \_\_\_\_\_

In the diagram below, circle where you were sitting; indicate with an arrow direction of travel; indicate with an "X" where your car was struck.

Provide a brief description of accident (location, collision, injuries, etc.):

\_\_\_\_\_

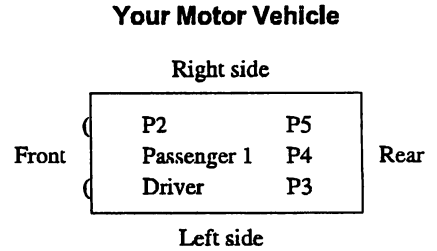
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



YOUR VEHICLE WAS       At Rest       Moving—How Fast? \_\_\_\_\_

OTHER VEHICLE WAS       At Rest       Moving—How Fast? \_\_\_\_\_

TYPE AND SIZE OF VEHICLE YOU WERE IN: \_\_\_\_\_

TYPE AND SIZE OF OTHER VEHICLE(S) INVOLVED: \_\_\_\_\_

ROAD CONDITIONS:       Dry, Clear       Wet       Icy       Snowy       Sandy       Gravel

**PATIENT DETAIL AT TIME OF ACCIDENT**

SEAT BELTS FASTENED       SHOULDER BELTS FASTENED       AIR BAG DEPLOYED

SITTING IN:       BUCKET SEAT       BENCH SEAT

HOW DID YOU KNOW THE IMPENDING COLLISION WAS COMING? \_\_\_\_\_

BRACED FOR IMPACT       With Arms       With Feet      FOOT WAS ON:       Brake Pedal       Gas Pedal

SITTING POSITION:       Knees Left       Knees Right       Knees Straight

BODY POSITION AT TIME OF ACCIDENT:       Straight       Twisted right / left       Bent Forward

DID LOOSE OBJECTS FLY AROUND CABIN?: Describe (ex: cup, eyeglasses) \_\_\_\_\_

**PATIENT'S HEAD DATA AT TIME OF IMPACT**

HEAD POSITION:       Left       Right       Straight       Turned Around left / right       Bent Forward       Tipped Back

HEADREST PRESENT      HEIGHT OF HEADREST:       Shoulder       Neck       Head       Above the Head

HEADREST POSITION: Distance from Headrest to Back of Head \_\_\_\_\_

HEAD HIT REAR HEADREST       HEAD HIT BY FLYING OBJECT

HEAD HIT:       Front Windshield       Side left / right Window       Steering Wheel       Roof

Other \_\_\_\_\_

**OTHER INJURIES — WHAT DID BODY HIT?**

FOOT       ANKLE       LEG       KNEE       HIP       HAND       ARM       ELBOW       SHOULDER       OTHER \_\_\_\_\_

LOSS OF CONSCIOUSNESS       DAZED       IN SHOCK       REQUIRED ASSISTANCE/AMBULANCE       HOSPITALIZED

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_