

# Auto Accident forms

Date of Accident \_\_\_\_\_

Time of Accident \_\_\_\_\_

Patient Role:

- ☐ Driver
- ☐ Front Passenger
- ☐ Rear Passenger
- ☐ Motorcycle Operator
- ☐ Motorcycle Passenger
- ☐ ATV Operator
- ☐ ATV Passenger
- ☐ Other: \_\_\_\_\_

Vehicle Size:

- ☐ Subcompact
- ☐ Compact
- ☐ Mid-Size
- ☐ Full-Size
- ☐ Pick-up
- ☐ Other: \_\_\_\_\_

Travel Direction:

- ☐ North
- ☐ South
- ☐ East
- ☐ West
- ☐ Other: \_\_\_\_\_

Other Vehicle Size:

- ☐ Subcompact
- ☐ Compact
- ☐ Mid-Size
- ☐ Full-Size
- ☐ Pick-Up
- ☐ Other: \_\_\_\_\_

Other Travel Direction:

- ☐ North
- ☐ South
- ☐ East
- ☐ West
- ☐ Other: \_\_\_\_\_

Collision Location:

- ☐ Head on
- ☐ Front
- ☐ Behind
- ☐ Passenger's side
- ☐ Driver's side
- ☐ Other: \_\_\_\_\_

Time of Day:

- ☐ Daylight
- ☐ Dawn
- ☐ Dusk
- ☐ Night
- ☐ Other: \_\_\_\_\_

Road Conditions:

- ☐ Dry
- ☐ Damp
- ☐ Wet
- ☐ Snow
- ☐ Icy
- ☐ Other: \_\_\_\_\_

Accident Anticipated:

- ☐ Yes
- ☐ No

Patient Ejected:

- ☐ Yes
- ☐ No

Patient Struck:

- Steering Wheel
- Air Bag
- Dashboard
- Rear View Mirror
- Windshield
- Car Interior
- Other: \_\_\_\_\_

Injury Area (Please Circle)

Head

Neck

Shoulders

Upper/Mid Back

Lower Back

Chest Ribs

Arms

Elbows

Forearms

Wrists

Hands

Abdomen

Buttocks

Pelvis

Thighs

Legs

Knees/ Ankles/ Feet

Patient Conscious:

- ☐ Yes
- ☐ No

Seat Belt

Lap Belt

- ☐ Yes
- ☐ No

Shoulder Belt

- ☐ Yes
- ☐ No

Head Rest:

- ☐ Above Head
- ☐ Below Head
- ☐ None

Air Bags:

- ☐ Deployed
- ☐ Did Not Deploy