

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