

# NEXUS

## HEALTHCARE

### When were you injured (是否出車禍)? How?

Date of collision/injury (車禍 / 受傷日期): \_\_\_\_\_

Please describe how it happened. If car collision, what was the direction of impact? (請描述車禍 / 受傷 細節):

- Rear-ended (追尾)     Front-end collision (車頭被撞)     Left-sided collision (左側撞)     Right - sided collision (右側撞)     N/A (不是車禍)

### Motor Vehicle Collision PI History & Details

1. What was your position in the car (您坐在哪個座位)?

- Driver (駕駛座)     Front Passenger (副駕駛座)     Left Rear (左後方)     Right Rear (右後方)

2. Were you wearing a seatbelt (有繫好安全帶嗎)?

- Yes (有)     No (沒有)

3. What is the year/make/model of **YOUR** vehicle (請問您車子生產年份、廠牌、型號)?

\_\_\_\_\_  I don't know (不知道)

4. What is the year/make/model of **THE OTHER** vehicle (請問另一台車子生產年份、廠牌、型號)?

\_\_\_\_\_  I don't know (不知道)

5. Did the airbags deploy (安全氣囊有彈出來嗎)?

- Yes (有)     No (沒有)

6. Were you rendered unconscious as a result of the accident (有被撞到昏迷嗎)?

- Yes (有)     No (沒有)     I don't know (不知道)

7. Did you go to the hospital/urgent care (車禍之後您有去任何醫院或診所嗎)?

- Yes (有)     No (沒有)

What date did you go? (去的日期): \_\_\_\_\_

Hospital Name and Address (醫院的名稱地址)? \_\_\_\_\_

What exams/treatment did they do (做了甚麼治療)? \_\_\_\_\_

Other Relevant Information (其它重要資訊): \_\_\_\_\_

