



AUTO ACCIDENT INFORMATION

PATIENT NAME _____ **ADDRESS** _____

TODAY'S DATE _____ **SEX** _____ **AGE** _____

Patient Role

- Driver
- Front Passenger
- Rear Passenger
- Motorcycle Operator
- Motorcycle Passenger
- ATV operator
- ATV passenger
- Other:

Other Vehicle Size

- Not reported
- Subcompact
- Compact
- Mid-size
- Full-size
- Other:

Time of Day

- Not reported
- Daylight
- Dawn
- Dusk
- Night
- Other:

Patient Struck

- Not reported
- Steering wheel
- Air bag
- Dashboard
- Rear-view mirror
- Windshield
- Car interior
- Other:

Vehicle Size

- Not reported
- Subcompact
- Compact
- Mid-size
- Full-size
- Other:

Other Vehicle

Travel Direction

- Not reported
- North
- South
- East
- West
- Other:

Road Conditions

- Not reported
- Dry
- Damp
- Wet
- Snow
- Icy
- Other:

Patient Conscious

- Not reported
- Lost consciousness
- Did not lose consciousness

Travel Direction

- Not reported
- North
- South
- East
- West
- Other:

Collision Location

- Not reported
- Head-on
- Front
- Behind
- Passenger's side
- Driver's side
- Other:

Accident Anticipated

- Not reported
- Yes
- No

Patient Ejected

- Not reported
- Ejected
- Not ejected

Lap Belt

- Not reported
- Used
- Not used

Shoulder Belt

- Not reported
- Used
- Not used

Head Rest

- Not reported
- Above head
- Below head
- None

Date & time of accident: Date _____ Time _____ am pm

Where was the patient taken after the accident? _____

Name of any doctor consulted since your accident? _____

Treatment received? _____

Has the patient retained an attorney? Yes no

If so, attorney name and address: _____

Phone: _____

Air Bags

- Not reported
- Deployed
- Did not deploy
- None