Automobile Accident

Name: ____________ **Chart #:** ________ **Today's Date:** ______ **Accident Date:** ______

DESCRIBE THE VEHICLE

Patient's Vehicle Type:
- ☐ Bus
- ☐ Van
- ☐ Sport-utility
- ☐ Sports car
- ☐ Truck
- ☐ Coupe
- ☐ Station Wagon
- ☐ Sedan
- ☐ Pick-up truck

Vehicle Size:
- ☐ Compact
- ☐ Mini
- ☐ Full-Size
- ☐ Sub-compact
- ☐ Light
- ☐ Semi
- ☐ Mid-Size

Position in vehicle:
- ☐ Driver
- ☐ Rear left passenger
- ☐ Front mid passenger
- ☐ Rear mid passenger
- ☐ Front right passenger
- ☐ Rear right passenger

DESCRIBE THE ACCIDENT

Date of Accident:

Action of patient vehicle:
- ☐ Crossing intersection
- ☐ Stopped at intersection
- ☐ Stopped for pedestrian
- ☐ Stopped in traffic
- ☐ Turning right
- ☐ Turning left
- ☐ Traveling speed limit
- ☐ Faster than speed limit
- ☐ Slower than speed limit

Patient's Vehicle was hit:
- ☐ Head-on
- ☐ On the left front
- ☐ On the right front
- ☐ On the left rear
- ☐ On the right rear
- ☐ Was rear-ended
- ☐ Sideswiped on left
- ☐ Sideswiped on right

Patient's Vehicle hit:
- ☐ Other vehicle head-on
- ☐ Left front of other veh.
- ☐ Left rear of other veh.
- ☐ Rt rear of other veh.
- ☐ Rt front of other veh.
- ☐ Rear-ended other veh.
- ☐ Sideswiped other veh on left
- ☐ Sideswiped other veh on right

Damage:
- ☐ Complete
- ☐ Extensive
- ☐ Minimal
- ☐ Moderate

Time of Day:
- ☐ Dawn
- ☐ Daylight
- ☐ Dusk
- ☐ Night

Damage to other Vehicle:
- ☐ Complete
- ☐ Extensive
- ☐ Minimal
- ☐ Moderate

Visibility
- ☐ Fair
- ☐ Poor
- ☐ Good

Patient's Vehicle was hit by:
- ☐ A compact car
- ☐ A pick-up truck
- ☐ A full-sized car
- ☐ A sport-utility veh.
- ☐ A mid-sized car
- ☐ A full-sized van
- ☐ A subcompact car
- ☐ A mini-van
- ☐ A semi-trailer
- ☐ None of the above
- ☐ A light truck
- ☐

Patient's Vehicle hit:
- ☐ A compact car
- ☐ A pick-up truck
- ☐ A full-sized car
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- ☐

Weather Conditions:
- ☐ Clear
- ☐ Rainy
- ☐ Cloudy
- ☐ Snowing
- ☐ Drizzling
- ☐ Storming
- ☐ Foggy
- ☐ Sunny
- ☐
- ☐
- ☐
- ☐

Road Conditions:
- ☐ Dry
- ☐ Damp
- ☐ Wet
- ☐ Iced over
- ☐ Dry with icy patches
- ☐ Snowed over

DESCRIBE MOMENT OF IMPACT

Body Position at impact:
- ☐ Leaning forward
- ☐ Slouched in seat
- ☐ Straight
- ☐ Turned left
- ☐ Turned right

Head Position at impact:
- ☐ Straight
- ☐ Tilted forward
- ☐ Turned left
- ☐ Turned right

Type of Passive Restraint:
- ☐ Airbag
- ☐ Lap belt
- ☐ Shoulder belt
- ☐ Shoulder-lap belt

Position of Headrests:
- ☐ High position
- ☐ Low position
- ☐ Not installed

Did airbag deploy?
- ☐ Deployed
- ☐ Did not deploy

Did you brace for impact?
☐ Yes ☐ No

Direction body was thrown:
☐ Forward then back ☐ To the right ☐ Outside the vehicle

Direction head was thrown:
☐ Back then forward ☐ Forward then back ☐ Side to side

I understand that the information I have provided above is current and complete to the best of my knowledge.

Signature: ____________________