

Vehicle Accident Report

Name: _____

Enter the date of the accident: _____ Enter the time of the accident: _____ AM PM

Patient Role: Driver Front passenger Rear passenger Motorcycle operator Motorcycle passenger
 ATV operator ATV passenger Other _____

Vehicle Size: Not reported Subcompact Compact Mid-size Full-size Other: _____

Travel Direction: Not reported North South East West Other: _____

Other Vehicle Size: Not reported Subcompact Compact Mid-size Full-size Other: _____

Other Travel Direction: Not reported North South East West Other: _____

Collision Location: Not reported Head On Front Behind Passenger's Side Driver's Side

Other: _____

Time of Day: Not reported Daylight Dawn Dusk Night Other: _____

Road Conditions: Not reported Dry Damp Wet Snow Ice Other: _____

Accident Anticipated?: Not reported Yes No

Patient Ejected?: Not reported Ejected Not ejected

Patient Struck: Not reported Steering wheel Air bag Dashboard Rear-view mirror Windshield

Car Interior Other: _____

Patient Conscious: Not reported Lost consciousness Did not lose consciousness

Seat Belt: Not reported Used Not used

Shoulder Belt: Not reported Used Not used

Head Rest: Not reported Above head Below head None

Air Bags: Not reported Deployed Did not deploy

Injury Area:

Head Neck Shoulders Upper/Mid Back Lower Back

Chest/Ribs Arms Elbows Forearms Wrists

Hands Abdomen Buttocks Pelvis Hips

Thighs Legs Knees Ankles Feet

Other: _____

Please list all other accidents, injuries and surgeries including the year. (If you need extra space use the back of this page) _____
