

## 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_