

Injury History

Was the crash on-the-job? Yes No

You were: Driver Front seat passenger
 Rear seat passenger Motorcycle operator
 Motorcycle passenger Other

Vehicle driven by: _____

Your vehicle (year, make, model): _____

Your estimated speed at moment of crash: _____

Stopped Slowing Accelerating

Other vehicle (year, make, model): _____

Time of day: Daylight Dawn Dusk Dark

Road conditions: Dry Damp Wet Snow

Ice Other _____

Head restraints: None Integral type Adjustable type:

Up Down Don't know

If adjustable, was the position altered by the crash?

Yes No

Was the seat back adjustment altered by the crash?

Yes No

Was the seat broken? Yes No

Lap belt: Wearing Not wearing Don't know

Shoulder belt: None Wearing Not wearing

Don't know

Did air bag deploy? Yes No

If yes, were you struck? Yes No

Body position: Good Forward lean

Other _____

Head position: Forward Left ____°

Right ____° Up ____° Down ____°

Hands: One on wheel Two on wheel N/A

Brakes applied? Yes No

Crash Diagram



Crash description: _____

Aware of impending crash? Yes No

During the Crash:

Did you strike any parts of the vehicle? Y N

If yes, describe _____

Did vehicle strike any objects after crash? Y N

If yes, describe _____

Wearing hat or glasses? Y N

If yes, still on after crash? Y N

Did you lose consciousness? Y N

If yes, for how long? _____

Estimated property damage to your vehicle: \$ _____

Estimated damage to other vehicle(s):

None Minimal Moderate Major

Were the police on-scene? Y N

If yes, was a report made? Y N

After the Crash:

Symptoms: Headache Dizziness Nausea

Confusion/disorientation Neck pain Paresthesia(s)

If yes, where? _____

Extremity pain. If yes, where? _____

Back pain

When did SX first appear? Immediately

(describe which SX) _____ hr afterward

Where did you go after crash? Home Work

Hospital: _____

Mode of transportation: _____

Pvt. doctor: _____

Emergency Department:

Radiographs: ""Yes ""No

Body parts imaged

Results

Lab work Yes No _____

Cervical collar Ice

Medications: _____

Other: _____

Follow-up instructions: None _____

