Patient: test, test **DOB:** n/a **Call Date:** 04/05/2009

Trauma

Cause of Injury

Intent of the Injury

Height of Fall ft.

Mechanism of Injury

- [ ] Blunt
- [ ] Penetrating
- [ ] Burn
- [ ] Other

Vehicular Injury Indicators

- [ ] Dash Deformity
- [ ] DOA Same Vehicle
- [ ] Ejection
- [ ] Fire
- [ ] Rollover/Roof Deformity
- [ ] Side Post Deformity
- [ ] Space Intrusion > 1 foot
- [ ] Steering Wheel Deformity
- [ ] Windshield Spider/Star

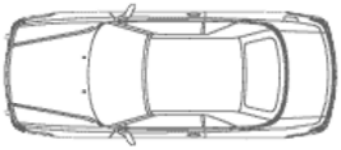
Use of Safety Equipment

- [ ] Child Restraint
- [ ] Eye Protection
- [ ] Helmet Worn
- [ ] Lap Belt
- [ ] Personal Floatation Device
- [ ] Protective Clothing
- [ ] Protective Non-Clothing Gear
- [ ] Shoulder Belt
- [ ] Other

Airbag Deployment

Area of Vehicle Impacted

- [ ] Right Front
- [ ] Right Side
- [ ] Right Rear
- [ ] Roll Over
- [ ] Center Front
- [ ] Center Rear
- [ ] Left Front
- [ ] Left Side
- [ ] Left Rear



Position in the Seat

Seat Row of Patient

Injury Matrix

	amp	cont bleed	uncont bleed	burn	crush	disc/fx	gun	lac	pain	stab	swell
External/Skin		☐	☐	☐	☐		☐	☐	☐	☐	☐
Head	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Face		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neck	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Thorax	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Abdomen	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐
Spine		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Upper Extremities	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pelvis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower Extremities	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐