

(15 a) For Transport/Vehicular Accident: Collision Non-Collision

(15 a.1) Vehicles Involved:

Patient's Vehicle None car van bus motorcycle bicycle tricycle others, _____ unknown

Other Vehicle Involved None car van bus motorcycle bicycle tricycle others, _____ unknown

(15 a.2) Position of Patient Pedestrian Driver Front passenger Rear passenger others, _____ unknown

(15 a.3) Victims Involved Alone With others

(15 a.4) Safety: (check all that apply) None Airbag Helmet Childseat Seatbelt others, _____ unknown

(15 b) Place of Occurrence: Home School Road Videoke bars Workplace, specify _____
 Others, specify _____ Unknown

(15 c) Activity of the Patient at the time of the incident: Sports Leisure Work related others, _____ unknown

(15 d) Other risk factors at the time of the incident: Alcohol/liquor Smoking Using mobile phone Sleepy
 Others, _____ (specify) (e.g. suspected under the influence of substance used)

HOSPITAL DATA:

A. ER/OPD

(16) Transfer / Referral Yes No (17) Name of referring Hospital/Physician :

(18) Status upon reaching Hospital Dead on Arrival Alive, specify _____ (e.g. .Ambulatory or Stretch chair-borne)

(19) Initial Impression: _____

(20) ICD-10 Code/s: Nature of Injury : _____

(21) ICD-10 Code/s: External cause of Injury: _____

(22) Disposition Admitted Sent Home Transferred HAMA Absconded

(23) Outcome Improved Unimproved Died

B. IN-PATIENT

(24) Complete Final Diagnosis: _____

(25) Disposition Sent Home Transferred HAMA Absconded

(26) Outcome Improved Unimproved Died

(27) ICD-10 Code/s: Nature of Injury : _____

(28) ICD-10 Code/s: External cause of Injury: _____

Comments: _____

Prepared by: _____ Position _____
Printed Name and Signature

Date: _____