Interview Form—General Information

Case Number ___ ___ ___ Vehicle Number ___ ___ Investigator Number ___ ___ Interviewee ______________________

Interviewee(s) Role or Name(s)____

____

Date of Interview (MM/DD/YY) ___ ___/___ ___/___ ___

Phone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Interviewer introduced self and project [ ]

Received consent for interview [ ] Yes [ ] No

Agreement obtained for medical release? [ ] Yes [ ] No

Arrangements made to obtain medical release ______________________________________

____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview? ________

Driver's Description of Accident Events (include details of fire—when it began, where first seen, etc.)

____

____

____

____

____

____

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____

____

Occupant's Description of Accident Events

____

____

____

____

____

____

Specific Questions to Ask Interviewee

____

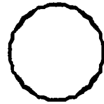
____

____

Interview Form—General Information

Case Number ___ ___ ___ Vehicle Number ___ ___ Investigator Number ___ ___ Interviewee ______________________

Accident Diagram



North

Use this diagram to sketch position and events as described by interviewee.

Interview Form—Crash Information

Case Number __ __ __ Vehicle Number __ __ Investigator Number __ __ Interviewee ____________________

Crash Data Information (If possible, obtain this information from the driver):

Source of Information	[ ] Driver [ ] Other occupant [ ] Witness at scene [ ] Relative/friend
Travel Direction	[ ] North [ ] South [ ] East [ ] West (Or where were they coming from or going to?)
Type of Roadway	[ ] One way [ ] Two way Number of lanes each way ______ Divided highway? __________
Lane	[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] Other Note: lane 1 is the right curb lane
Road Condition	[ ] Dry [ ] Wet [ ] Snow [ ] Slush [ ] Ice [ ] Sand, dirt, oil [ ] Other (specify): ______________
Lighting Conditions	[ ] Daylight [ ] Dawn [ ] Dark [ ] Dusk [ ] Street lights on
Sign or Signal Present (check all that apply)	[ ] Traffic control signal (includes flashing beacons, lane control signals, and green/amber/red signal) [ ] Stop sign [ ] Yield sign [ ] School zone sign [ ] Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: ______________ [ ] Warning sign (Winding road sign, stop ahead, intersection signs, etc.?) specify: ______________ [ ] Miscellaneous control (including railroad controls) specify: __________ [ ] None [ ] Unknown
Was the Control Functioning Properly?	[ ] No traffic control device present [ ] Not functioning properly (includes defaced, badly worn, covered with snow, rotated, etc.) specify: ______________ [ ] Functioning properly [ ] Unknown
Travel Speed (in mph)	[ ] Stopped [ ] 1-10 [ ] 11-20 [ ] 21-30 [ ] 31-40 [ ] 41-50 [ ] 51-60 [ ] 61-70 [ ] 70+ [ ] Unknown
Before Impact, Intending To ...? (check all that apply)	[ ] Go straight [ ] Stopped [ ] Turn left [ ] Turn right [ ] Slow down [ ] Accelerate [ ] Back up [ ] Change lanes to right [ ] Passing [ ] Other (specify): _________ [ ] Change lanes to left [ ] Follow curve
Control Loss Due to Weather or Mechanical Problems?	[ ] No [ ] Unknown [ ] Yes (describe)
Avoidance Actions?	[ ] None [ ] Braking with lock-up [ ] Accelerating [ ] Unknown [ ] Braking without lock-up [ ] Steering left [ ] Releasing brakes [ ] Steering right [ ] Other (specify): ______________
Location of Vehicle at Time of Impact?	[ ] Original travel lane [ ] Different travel lane [ ] In intersection [ ] Off roadway to right [ ] Off roadway to left [ ] Other (specify): ______________

Interview Form—Crash Information

Case Number ___ ___ ___ Vehicle Number ___ ___ Investigator Number ___ ___ Interviewee ____________________

Speed at the Time of Impact (in mph)	[ ] Stopped [ ] 1-10 [ ] 11-20 [ ] 21-30 [ ] 31-40 [ ] 41-50 [ ] 51-60 [ ] 61-70 [ ] 70+ [ ] Unknown
Describe all the impacts to the vehicle and how this vehicle moved to its stopped position after the collision	

Rollover Data

Did this vehicle roll over during the crash?

[ ] Yes — ask the following questions:

[ ] No — skip to "fire data" below
[ ] Unknown — skip to "fire data" below

Rollover began (check those that apply)	[ ] On roadway [ ] On shoulder [ ] On roadside or median [ ] Unknown
Rollover cause?	[ ] Other vehicle (specify vehicle number) __________ [ ] Contact with object (specify): __________ [ ] Other cause (specify): __________ [ ] Unknown
Direction of vehicle roll?	[ ] Toward the right (passenger side) [ ] Toward the left (driver side) [ ] End-over-end [ ] Unknown
Number of turns	___ Number of QUARTER TURNS [ ] Unknown
Plane in contact with ground at final rest?	[ ] Left side [ ] Top [ ] Right side [ ] Wheels [ ] Unknown

Fire Data

How long had car been driven before the collision-fire? ________________________

Did engine continue running after collision? ________________________

Describe when the fire occurred in sequence of events:	____________________ ____________________ ____________________

When during the sequence of events did you (or someone) turn off the ignition key?

Interview Form—Crash Information

Case Number ___ ___ ___ Vehicle Number ___ ___ Investigator Number ___ ___ Interviewee ____________________

Were you a witness to the vehicle fire?

[ ] No — skip this section
[ ] Unknown — skip this section

[ ]Yes — ask the following questions:

Which vehicle? ____________________

Fire was first seen ...	[ ] Under the hood [ ] Behind the instrument panel [ ] In the passenger compartment	[ ] In the trunk/cargo area [ ] Under the vehicle [ ] From other involved vehicle [ ] Unknown
Smoke was first seen ...	[ ] Under the hood [ ] Behind the instrument panel [ ] In the passenger compartment	[ ] In the trunk/cargo area [ ] Under the vehicle [ ] From other involved vehicle [ ] Unknown
Where specifically did you first see fire/smoke? Describe:	____________________ ____________________ ____________________	
What was the color of the smoke at the start of the fire?	[ ] White [ ] Gray	[ ] Black [ ] Other
How long after impact did fire/smoke appear?	______ (seconds or minutes)	
Did you see/hear any explosions? When?	[ ] Yes [ ] No	[ ] Describe ____________________ ____________________ ____________________

Did you see any fluid leakage after impact? ___ **Where?**

What did you see? ____________________

Any odors of gasoline, coolant, etc? Describe: ____________________

How full was tank? When was it last filled? ____________________

Vehicle Information

Year, Make, and Model?	Year: 19 ___ ___ Make: ____________________ Model: ____________________ Odometer Reading: __________ Body Style: ____________________ Engine Size: ___ ___ . ___ L (cu. in.) Number of Cylinders: ___ Transmission: Auto ___ Manual ___

Interview Form—Crash Information

Case Number ___ ___ ___ Vehicle Number ___ ___ Investigator Number ___ ___ Interviewee ____________________

Additional Vehicle Information

Describe Post-Crash Damage	
Doors or Hatch Open During the Crash?	[ ] LF [ ] RF [ ] LR [ ] RR [ ] Hatch [ ] Other ______________________ ______________________ "Y" = yes "N" = no "U" = unknown
Windows Break During the Crash?	[ ] WS [ ] LF [ ] RF [ ] LR [ ] RR [ ] BL [ ] Roof [ ] Other ______________ "Y" = yes "N" = no "U" = unknown
Window Precrash Status	[ ] WS [ ] LF [ ] RF [ ] LR [ ] RR [ ] BL [ ] Roof [ ] Other ______________ "O" = open "C" = closed "P" = partially open "U" = unknown
Cargo in the Vehicle?	[ ] No [ ] Unknown [ ] Yes—describe (note if flammable): Approximate weight: ____________pounds
Vehicle Modifications	[ ] Stereo [ ] Amplifier [ ] Alarm [ ] Running boards [ ] Roll bars [ ] Bumper modifications [ ] Trailer hitch [ ] Fuel system [ ] Body [ ] Cooling System [ ] Fog lights Describe: ______________________ ______________________ ______________________

Interview Form—Crash Information

Case Number ___ ___ ___ Vehicle Number ___ ___ Investigator Number ___ ___ Interviewee ____________________

Service Data

Are you the owner of the vehicle? If not, who is? ________________________________

Are you the most familiar with the service history of the vehicle? If not, who is? How can we contact them?

How long has the vehicle been owned by you (whoever)? ________________________________

Has the car been regularly maintained? By whom (dealer, independent, self?) ________________________________

How recently has the car received service work? What was done? When was oil level last checked? When was oil last changed or added? ________________________________

Does this car have the original battery or is it a replacement? ________________________________

Describe what sort of problems you've had with the car (electrical, fuel, runability, engine, transmission, cooling system, brakes, etc.) over the time you've owned it? ________________________________

Were these problems resolved? What was done to resolve the problems? ________________________________

Were you experiencing any problems with the car just prior to the accident/fire? ________________________________

Any changes in performance/gas mileage? ________________________________

Had you noticed any fluid leaks prior to the accident? Any smells (fuel, coolant, oil, "hot" fluids or metal)? Did you have any instrument panel indications of any problems prior to the accident? ________________________________

Did you notice evidence of leaking fluids where you parked it at night? ________________________________

Any known problems with cooling system (radiator, water pump, hoses, etc.)? ________________________________

Any history of the vehicle overheating? ________________________________

Has the vehicle been involved in any previous collisions? If yes, when? ________________________________

If vehicle has been in any previous collisions, what damage was done? Was it repaired? Did the vehicle have any damage evident prior to the subject accident? ________________________________

Interview Form—Crash Information

Case Number __ __ __ Vehicle Number __ __ Investigator Number __ __ Interviewee ____________________

If Vehicle Has Not Been Inspected

May we inspect it? ______________

Current location of the vehicle: ______________________________________

____

Contact Person: ______________________________________

Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:

____

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Summary: Concise description of important crash fire information from interview.

____

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Interview Form—Occupant Data Questions

Case Number ___ ___ ___   Vehicle Number ___ ___   Investigator Number ___ ___   Interviewee ______________________

How many people were in the vehicle at the time of the crash? ______

	Driver	Occupant # ___	Occupant # ___
Seating Position? Front Left (11) Front Middle (12) Front Right (13) Second Left (21) Second Middle (22) Second Right (23) Unknown (99) Third Left (31) Third Middle (32) Third Right (33) Other (SPECIFY in block) (XX A&B for two in same position)	FRONT LEFT		
Occupant Information	[ ] M [ ] F — Not pregnant [ ] F — Pregnant — # of months ___ [ ] F — Unknown if pregnant Height (in.): ____ Weight (lb.): ____ Age: ________	[ ] M [ ] F — Not pregnant [ ] F — Pregnant — # of months ___ [ ] F — Unknown if pregnant Height (in.): ____ Weight (lb.): ____ Age: ________	[ ] M [ ] F — Not pregnant [ ] F — Pregnant — # of months ___ [ ] F — Unknown if pregnant Height (in.): ____ Weight (lb.): ____ Age: ________

Was the driver doing any of the following? (check all that apply—and specify)

[ ] Talking to or listening to another occupant (specify): ____________________

[ ] Was there a moving object in vehicle (specify): ____________________

[ ] Talking or listening on a cellular phone (specify): ____________________

[ ] Dialing a cellular phone (specify): ____________________

[ ] Adjusting climate control (specify): ____________________

[ ] Adjusting radio, CD or cassette player (specify): ____________________

[ ] Using other device or object in vehicle (specify): ____________________

[ ] Sleepy / asleep (specify): ____________________

[ ] Distracted by outside person, object, or event (specify): ____________________

[ ] Eating or drinking (specify): ____________________

[ ] Smoking (specify): ____________________

[ ] Was any occupant smoking? ____________________

[ ] Other (specify): ____________________

[ ] Unknown

Interview Form—Occupant Data Questions

Case Number ___ ___ ___ Vehicle Number ___ ___ Investigator Number ___ ___ Interviewee ________________

Restraint Information

How many people were in the vehicle at the time of the crash?______

	Driver	Occupant # ___	Occupant # ___
Type of Seat Belt Available Note: If a belt is not available for a seat position, describe reason [ ] Not in designated seating position [ ] Cargo area	[ ] Unknown [ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Not available* *Describe:	[ ] Unknown [ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Not available* *Describe:	[ ] Unknown [ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Not available* *Describe:
Do Seat Belts Move Along a Motorized Track for this Seat? (i.e., 2-point automatic belt)	[ ] Unknown [ ] No [ ] Yes *	[ ] Unknown [ ] No [ ] Yes *	[ ] Unknown [ ] No [ ] Yes *
* **If "Yes," Were They Working Properly?**	[ ] Yes [ ] No (describe)	[ ] Yes [ ] No (describe)	[ ] Yes [ ] No (describe)
Are Any Belts Attached to the Door? (i.e., 3-point automatic belt)	[ ] Unknown [ ] No [ ] Yes *	[ ] Unknown [ ] No [ ] Yes *	[ ] Unknown [ ] No [ ] Yes *
* **If "Yes," Does It Cross?**	[ ] Chest [ ] Lap [ ] Both	[ ] Chest [ ] Lap [ ] Both	[ ] Chest [ ] Lap [ ] Both
Occupant Wearing Any Seat Belt?	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown

Skip the Following If No Seat Belt Was Worn

Type of Belt Worn?	[ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Unknown	[ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Unknown	[ ] Lap belt [ ] Shoulder belt [ ] Lap & shoulder [ ] Unknown

Interview Form—Occupant Data Questions

Case Number ___ ___ ___ Vehicle Number ___ ___ Investigator Number ___ ___ Interviewee ______________________

	Driver	Occupant # ___	Occupant # ___
Lap Belt Situated?	[ ] Low on lap [ ] Across stomach [ ] Other (specify): ______________ ______________ [ ] Unknown	[ ] Low on lap [ ] Across stomach [ ] Other (specify): ______________ ______________ [ ] Unknown	[ ] Low on lap [ ] Across stomach [ ] Other (specify): ______________ ______________ [ ] Unknown
Shoulder Belt Situated?	[ ] Over shoulder [ ] Under the arm [ ] Behind back [ ] Behind seat [ ] Other (specify): ______________ ______________ [ ] Unknown	[ ] Over shoulder [ ] Under the arm [ ] Behind back [ ] Behind seat [ ] Other (specify): ______________ ______________ [ ] Unknown	[ ] Over shoulder [ ] Under the arm [ ] Behind back [ ] Behind seat [ ] Other (specify): ______________ ______________ [ ] Unknown

Describe any breaks, tears, or failure to any of the seat belts:

Ejection, Entrapment, Mobility Information

	Driver	Occupant # ___	Occupant # ___
Any Part of Body Thrown Outside the Vehicle During the Crash?	[ ] No [ ] Yes * [ ] Unknown *If ""Yes"—what part(s) were ejected, and what area of the vehicle was involved?: ______________ ______________ ______________	[ ] No [ ] Yes * [ ] Unknown *If ""Yes"—what part(s) were ejected, and what area of the vehicle was involved?: ______________ ______________ ______________	[ ] No [ ] Yes * [ ] Unknown *If ""Yes"—what part(s) were ejected, and what area of the vehicle was involved?: ______________ ______________ ______________

Interview Form—Occupant Data Questions

Case Number _ _ _ Vehicle Number _ _ Investigator Number _ _ Interviewee ______________

	Driver	Occupant # ___	Occupant # ___
Anyone Entrapped in the Vehicle?	[ ] No [ ] Yes ___ physically entrapped ___ jammed doors ___ fire, etc. [ ] Unknown Detail any entrapment ______________ ______________	[ ] No [ ] Yes ___ physically entrapped ___ jammed doors ___ fire, etc. [ ] Unknown Detail any entrapment ______________ ______________	[ ] No [ ] Yes ___ physically entrapped ___ jammed doors ___ fire, etc. [ ] Unknown Detail any entrapment ______________ ______________
How Did Occupant(s) Exit the Vehicle?	[ ] Fatal before removed [ ] Removed while unconscious, or not oriented to time or place [ ] Removed due to perceived serious injuries [ ] Exited with some assistance [ ] Exited under own power [ ] Fully ejected [ ] Unknown	[ ] Fatal before removed [ ] Removed while unconscious, or not oriented to time or place [ ] Removed due to perceived serious injuries [ ] Exited with some assistance [ ] Exited under own power [ ] Fully ejected [ ] Unknown	[ ] Fatal before removed [ ] Removed while unconscious, or not oriented to time or place [ ] Removed due to perceived serious injuries [ ] Exited with some assistance [ ] Exited under own power [ ] Fully ejected [ ] Unknown

Further describe any ejection, entrapment, or mobility information here:

Interview Form—Occupant Data Questions

Case Number _ _ _ Vehicle Number _ _ Investigator Number _ _ Interviewee ______________

Child Safety Seat Information

Was There a Person in a Child Safety Seat in this Vehicle?

[ ] Yes (If "Yes" complete this section)

[ ] No (If "no" or "unknown" Skip This section)
[ ] Unknown

	Driver	Occupant # ___	Occupant # ___
Type of Seat?		[ ] No Infant [ ] Toddler [ ] Convertible [ ] Booster [ ] Integral [ ] Other (specify): ______ ______ [ ] Unknown	[ ] No Infant [ ] Toddler [ ] Convertible [ ] Booster [ ] Integral [ ] Other (specify): ______ ______ [ ] Unknown
Direction Seat Facing Prior to Crash?		[ ] Front [ ] Rear [ ] Unknown	[ ] Front [ ] Rear [ ] Unknown

Injury Information

	Driver	Occupant # ___	Occupant # ___
Were You Injured? ➢ If "Yes" go to mannequin page and record injuries in detail ➢ If "no" ask next questions	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown
Did You Have Any of the Following? (If any injuries are checked, go to the mannequin page and record location, lesion, and source)	[ ] Cuts [ ] Abrasions [ ] Bruises [ ] Broken bones [ ] Head, skull, brain [ ] Internal injury [ ] Sprains, strains [ ] Other—specify on mannequin	[ ] Cuts [ ] Abrasions [ ] Bruises [ ] Broken bones [ ] Head, skull, brain [ ] Internal injury [ ] Sprains, strains [ ] Other—specify on mannequin	[ ] Cuts [ ] Abrasions [ ] Bruises [ ] Broken bones [ ] Head, skull, brain [ ] Internal injury [ ] Sprains, strains [ ] Other—specify on mannequin
Transported Directly from Accident Scene for Treatment?	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown

Interview Form—Occupant Injuries

Case Number _ _ _   Vehicle Number _ _   Investigator Number _ _   Interviewee ____________

	Driver	Occupant # ___	Occupant # ___
Receive Any Medical Treatment? (check all that apply)	[ ] Hospital [ ] Medical clinic [ ] Paramedics at scene [ ] Doctor's office [ ] Treated by self [ ] Unknown	[ ] Hospital [ ] Medical clinic [ ] Paramedics at scene [ ] Doctor's office [ ] Treated by self [ ] Unknown	[ ] Hospital [ ] Medical clinic [ ] Paramedics at scene [ ] Doctor's office [ ] Treated by self [ ] Unknown
Hospitalized?	[ ] No [ ] Yes—# of days ______ [ ] Unknown	[ ] No [ ] Yes—# of days ______ [ ] Unknown	[ ] No [ ] Yes—# of days ______ [ ] Unknown
Treated and Released from the Emergency Room?	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown	[ ] No [ ] Yes [ ] Unknown
Name and Location of Medical Treatment Facility?			
Do you still experience physical or psychological symptoms from injuries due to the accident?	[ ] No [ ] Yes—describe briefly: ______ ______ ______ ______ ______	[ ] No [ ] Yes—describe briefly: ______ ______ ______ ______ ______	[ ] No [ ] Yes—describe briefly: ______ ______ ______ ______ ______
Lost any days from work or school (college) due to the crash?	[ ] No [ ] Not working prior to crash [ ] Yes—number of days______ [ ] Yes—recovery not complete [ ] Unknown	[ ] No [ ] Not working prior to crash [ ] Yes—number of days______ [ ] Yes—recovery not complete [ ] Unknown	[ ] No [ ] Not working prior to crash [ ] Yes—number of days______ [ ] Yes—recovery not complete [ ] Unknown

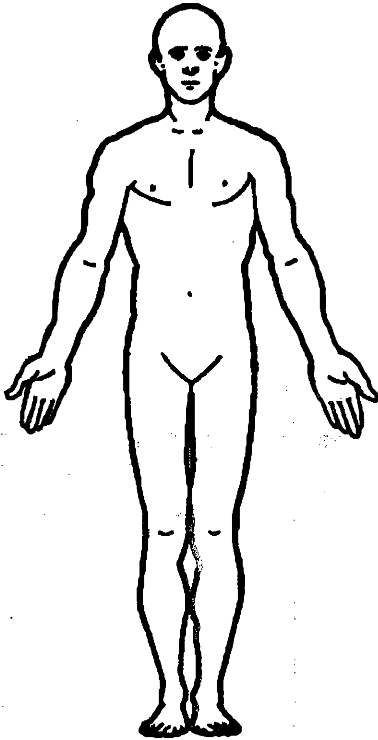
Interview Form—Occupant Injuries

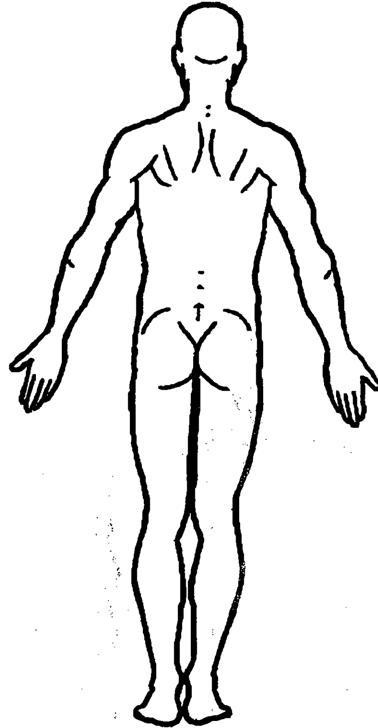
Case Number __ __ __   Vehicle Number __ __   Investigator Number __ __   Interviewee ____________________

Injury Data from Interviewee(s)

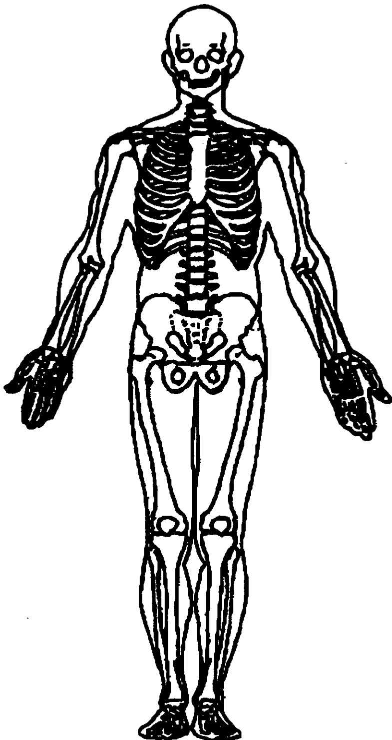
Indicate the *Location*, *Lesion*, and *Detail* of all injuries.   Occupant No.: ____________

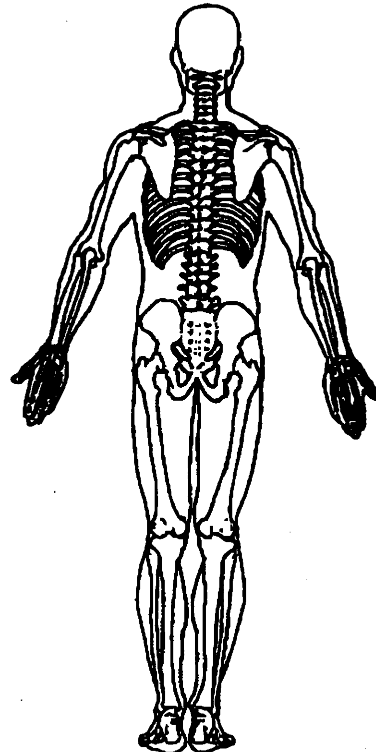
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

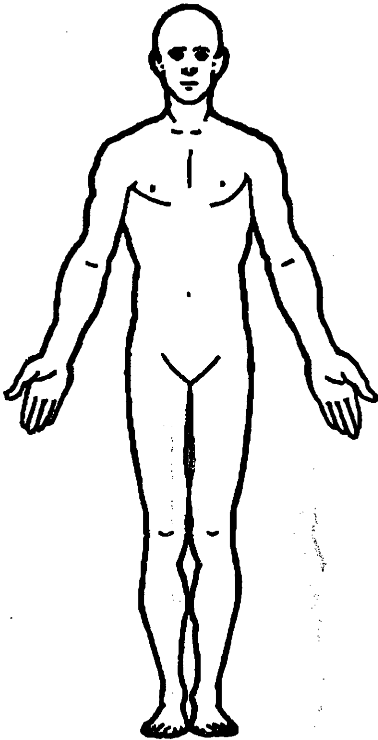
Interview Form—Occupant Injuries

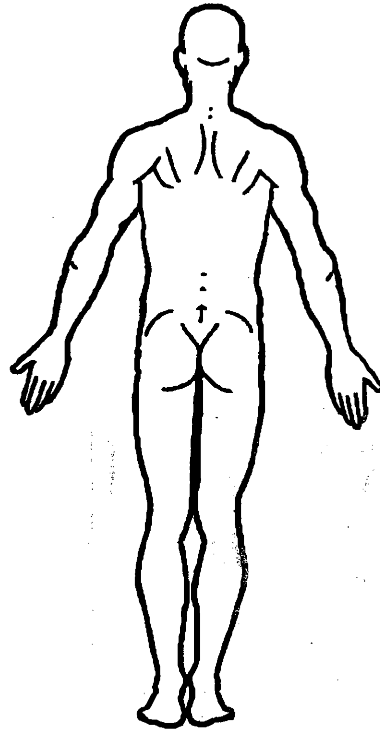
Case Number __ __ __ Vehicle Number __ __ Investigator Number __ __ Interviewee ____________________

Injury Data from Interviewee(s)

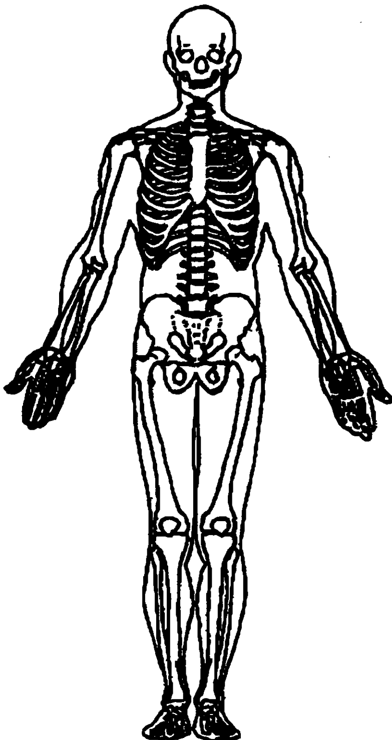
Indicate the *Location*, *Lesion*, and *Detail* of all injuries. Occupant No.: ____________

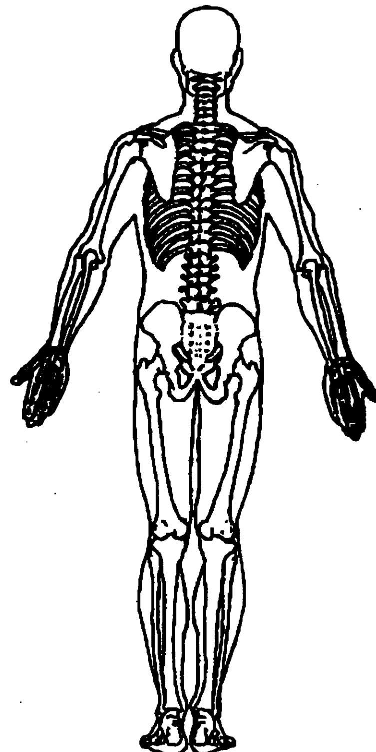
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





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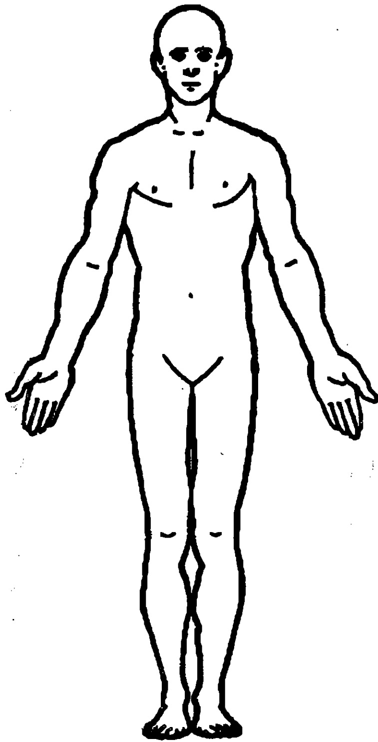
Interview Form—Occupant Injuries

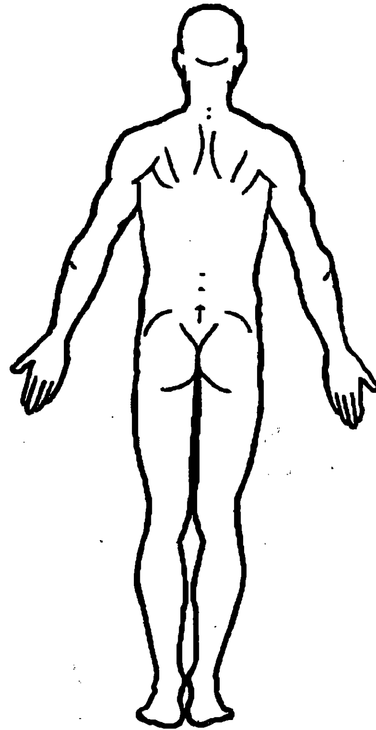
Case Number _ _ _   Vehicle Number _ _   Investigator Number _ _   Interviewee ____________________

Injury Data from Interviewee(s)

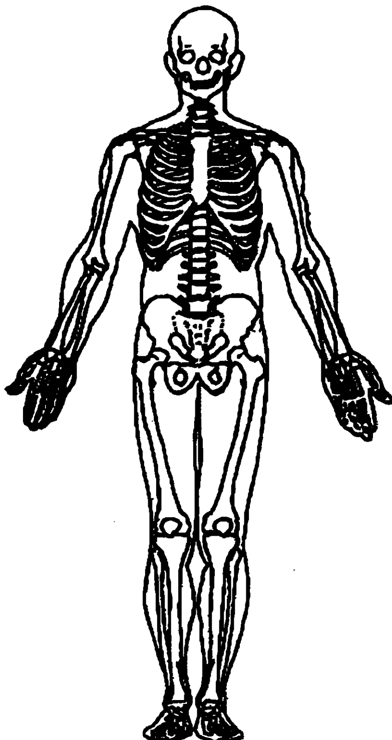
Indicate the *Location*, *Lesion*, and *Detail* of all injuries.   Occupant No.: ____________

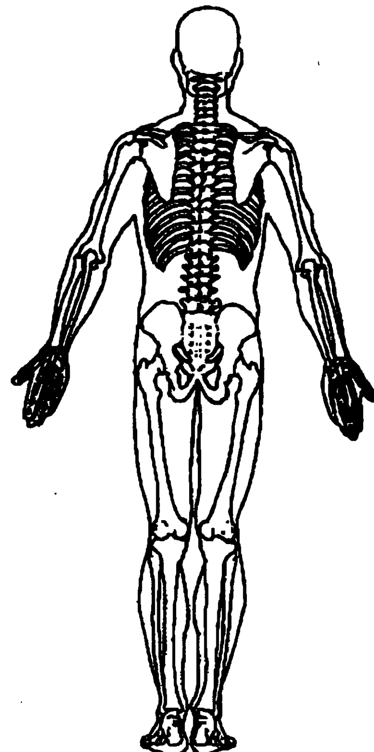
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES



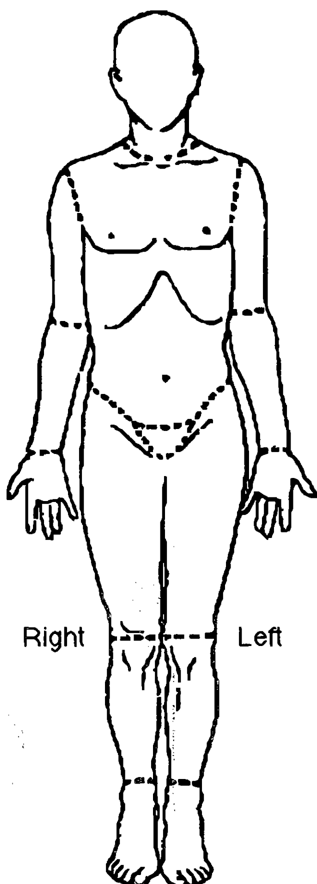


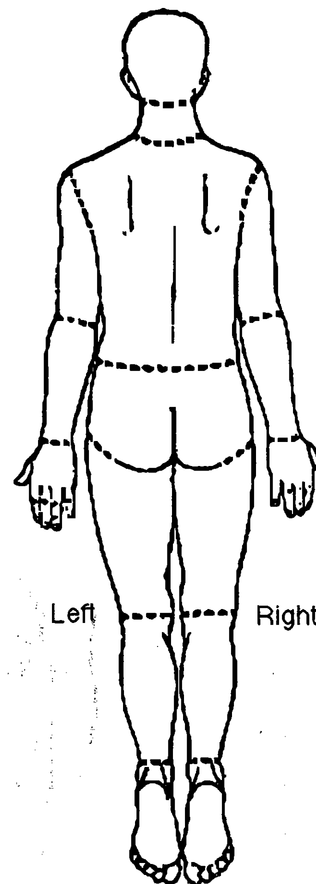
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Interview Form—Burn Chart

Case Number ___ ___ ___ Vehicle Number ___ ___ Investigator Number ___ ___ Interviewee ______________________

Occupant No.: ________

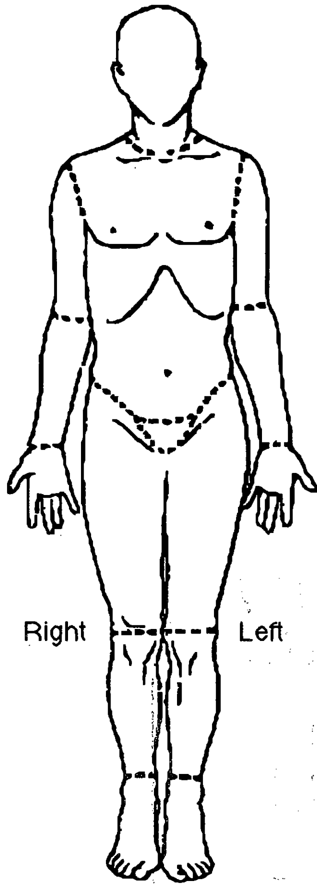


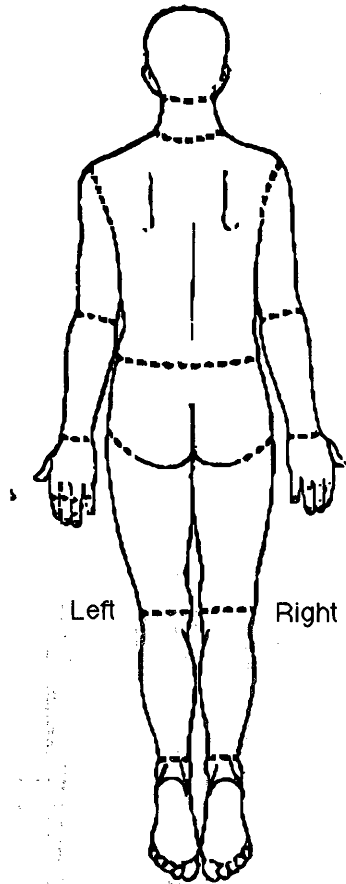


Area	Yes/ No	Skin Graft Needed Yes/No/Unknown
Head		
Neck		
Ant. Trunk		
Post. Trunk		
R. Buttock		
L. Buttock		
Genitalia		
R. U. Arm		
L. U. Arm		
R. L. Arm		
L. L. Arm		
R. Hand		
L. Hand		
R. Thigh		
L. Thigh		
R. Leg		
L. Leg		
R. Foot		
L. Foot		
TOTAL		

Interview Form—Burn Chart

Case Number ___ ___ ___   Vehicle Number ___ ___   Investigator Number ___ ___   Interviewee ______________________
Occupant No.: _______

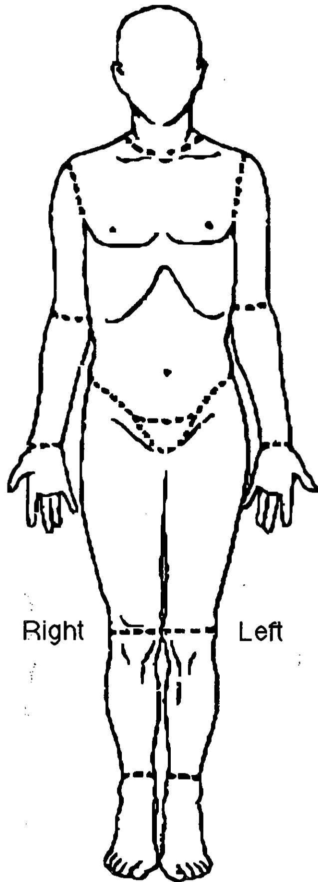


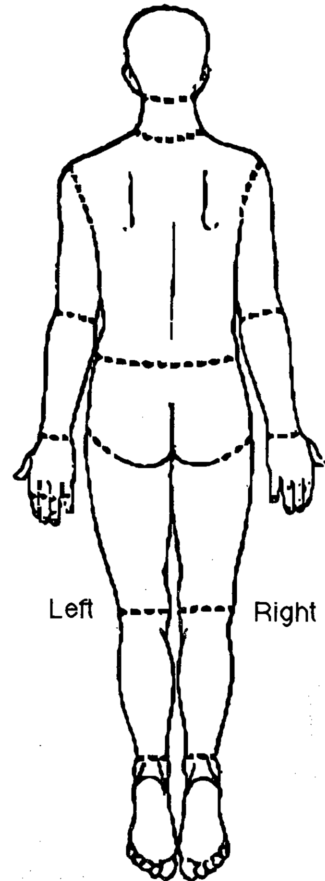


Area	Yes/ No	Skin Graft Needed Yes/No/Unknown
Head		
Neck		
Ant. Trunk		
Post. Trunk		
R. Buttock		
L. Buttock		
Genitalia		
R. U. Arm		
L. U. Arm		
R. L. Arm		
L. L. Arm		
R. Hand		
L. Hand		
R. Thigh		
L. Thigh		
R. Leg		
L. Leg		
R. Foot		
L. Foot		
TOTAL		

Interview Form—Burn Chart

Case Number _ _ _ Vehicle Number _ _ Investigator Number _ _ Interviewee ____________
Occupant No.: _______





Area	Yes/ No	Skin Graft Needed Yes/No/Unknown
Head		
Neck		
Ant. Trunk		
Post. Trunk		
R. Buttock		
L. Buttock		
Genitalia		
R. U. Arm		
L. U. Arm		
R. L. Arm		
L. L. Arm		
R. Hand		
L. Hand		
R. Thigh		
L. Thigh		
R. Leg		
L. Leg		
R. Foot		
L. Foot		
TOTAL		

Interview Form—Burn Chart

Case Number ___ ___ ___   Vehicle Number ___ ___   Investigator Number ___ ___

	Driver	Occupant # ___	Occupant # ___
If Required: **Can firm arrangements be made for signing medical release?**	[ ] No [ ] Yes [ ] Undecided	[ ] No [ ] Yes [ ] Undecided	[ ] No [ ] Yes [ ] Undecided
If not, are you willing to sign medical release? If yes, arrange for consent form delivery. Note method, date promised, and log form meeting. Determine logistics of signing form (fax, mail).	[ ] Yes	[ ] Yes	[ ] Yes