

# Occupant Injury Assessment Form—Medical

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Occupant Number (Position) \_\_\_\_\_

## Medical History

41. Describe pre-existing medical conditions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

42. Medications prescribed prior to injury \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

43. Smoke tobacco?

No     Yes

Number of years \_\_\_\_\_

44. History of alcohol or drug abuse?

No     Yes

45. Comments on medical history \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

51. Description (cause of death): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Trauma Data

52. Glasgow Coma Scale (GCS) Score \_\_\_\_\_

(at Medical Facility)

(00) Not injured

(01) Injured—not treated at medical facility

(02) No GCS Score at medical facility

(03-15) Code the actual value of the initial GCS Score recorded at medical facility

(97) Injured, details unknown

(99) Unknown if injured

53. Was the Occupant Given Blood? \_\_\_\_\_

(1) No—blood not given

(2) Yes—up to and including 5 units

(3) Yes—greater than 5 units

(9) Unknown if blood given

54. Carbonaceous Sputum? \_\_\_\_\_

(1) Yes

(2) No

## Burn Injuries

55. Skin Grafts \_\_\_\_\_

(1) Yes

(2) No

56. Amputations

(code number of amputations in each column)

digit

limb

\_\_\_\_\_ yes—burn related only

\_\_\_\_\_ yes—non-burn only

\_\_\_\_\_ yes—burn and non-burn injury

\_\_\_\_\_ no

## Injury Consequences

### Time to Death

46. Hours (if less than 24 hours) \_\_\_\_\_

If more than 24, enter 88

If unknown enter 99

Round to nearest hour

00 not fatal

47. Days (if more than 24 hours, enter days) \_\_\_\_\_

If unknown enter 999

000 not fatal

48. 1st Medically Reported Cause of Death \_\_\_\_\_

49. 2nd Medically Reported Cause of Death \_\_\_\_\_

50. 3rd Medically Reported Cause of Death \_\_\_\_\_

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes

(96) Mode of death given but specific injuries are not linked to cause of death (specify): \_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify): \_\_\_\_\_

(99) Unknown

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## Injury Data

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

|      | Source of Injury Data | A.I.S. - 90 |                            |                             |                 |                      | Aspect | Injury Source | Injury Source Confidence Level |
|------|-----------------------|-------------|----------------------------|-----------------------------|-----------------|----------------------|--------|---------------|--------------------------------|
|      |                       | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Code Severity |        |               |                                |
| 1st  |                       |             |                            |                             |                 |                      |        |               |                                |
| 2nd  |                       |             |                            |                             |                 |                      |        |               |                                |
| 3rd  |                       |             |                            |                             |                 |                      |        |               |                                |
| 4th  |                       |             |                            |                             |                 |                      |        |               |                                |
| 5th  |                       |             |                            |                             |                 |                      |        |               |                                |
| 6th  |                       |             |                            |                             |                 |                      |        |               |                                |
| 7th  |                       |             |                            |                             |                 |                      |        |               |                                |
| 8th  |                       |             |                            |                             |                 |                      |        |               |                                |
| 9th  |                       |             |                            |                             |                 |                      |        |               |                                |
| 10th |                       |             |                            |                             |                 |                      |        |               |                                |
| 11th |                       |             |                            |                             |                 |                      |        |               |                                |
| 12th |                       |             |                            |                             |                 |                      |        |               |                                |
| 13th |                       |             |                            |                             |                 |                      |        |               |                                |
| 14th |                       |             |                            |                             |                 |                      |        |               |                                |
| 15th |                       |             |                            |                             |                 |                      |        |               |                                |
| 16th |                       |             |                            |                             |                 |                      |        |               |                                |
| 17th |                       |             |                            |                             |                 |                      |        |               |                                |
| 18th |                       |             |                            |                             |                 |                      |        |               |                                |
| 19th |                       |             |                            |                             |                 |                      |        |               |                                |
| 20th |                       |             |                            |                             |                 |                      |        |               |                                |
| 21th |                       |             |                            |                             |                 |                      |        |               |                                |
| 22th |                       |             |                            |                             |                 |                      |        |               |                                |
| 23rd |                       |             |                            |                             |                 |                      |        |               |                                |
| 25th |                       |             |                            |                             |                 |                      |        |               |                                |

# Occupant Injury Assessment Form—Medical

Case Number \_\_\_\_\_

Vehicle Number \_\_\_\_\_

Investigator Number \_\_\_\_\_

Occupant Number (Position) \_\_\_\_\_

## Official Injury Data—Soft Tissue Injuries

Indicate the location, specific anatomic structure, detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and source of injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable).

Blood Alcohol level  
(mg/dl)

BAL = . . .

Arterial Blood Gasses

pH = . . .

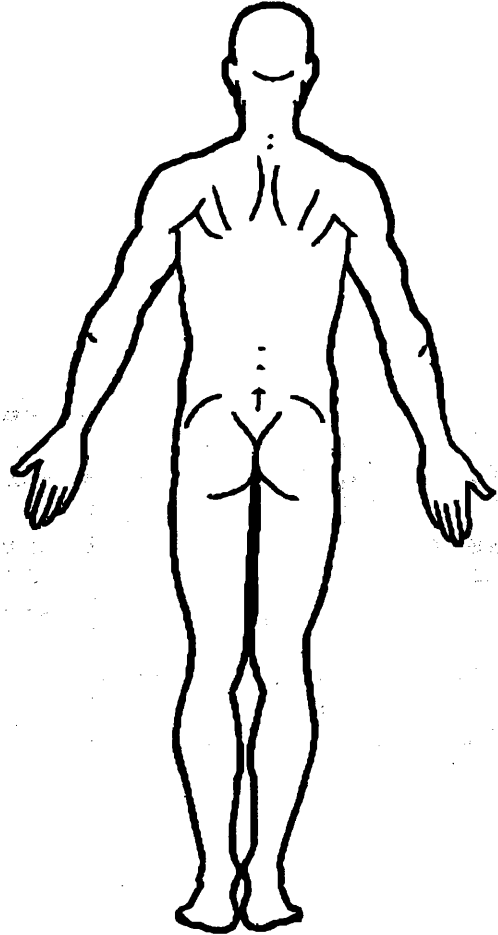
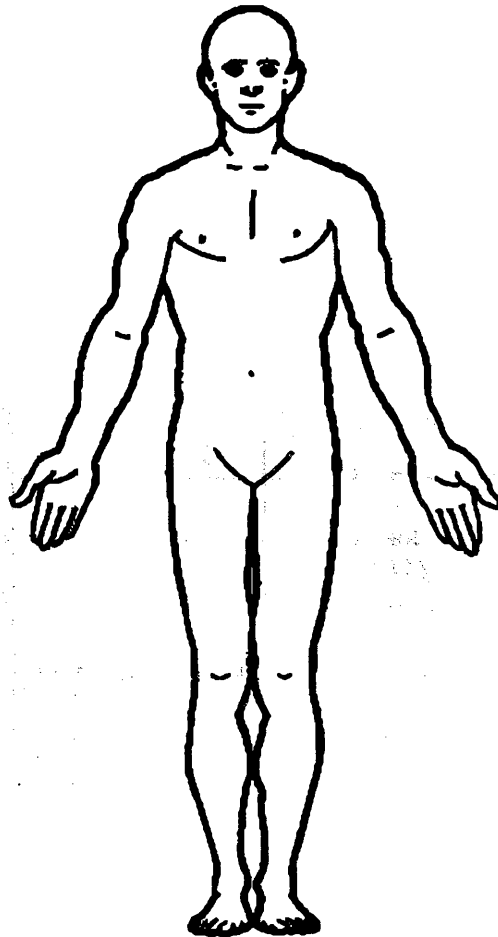
PO<sub>2</sub> = \_\_\_\_\_

PCO<sub>2</sub> = \_\_\_\_\_

HCO<sub>2</sub> = \_\_\_\_\_

COH<sub>b</sub> = \_\_\_\_\_

Comment (time blood drawn, oxygen therapy given): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Occupant Injury Assessment Form—Medical

Case Number \_\_\_\_\_

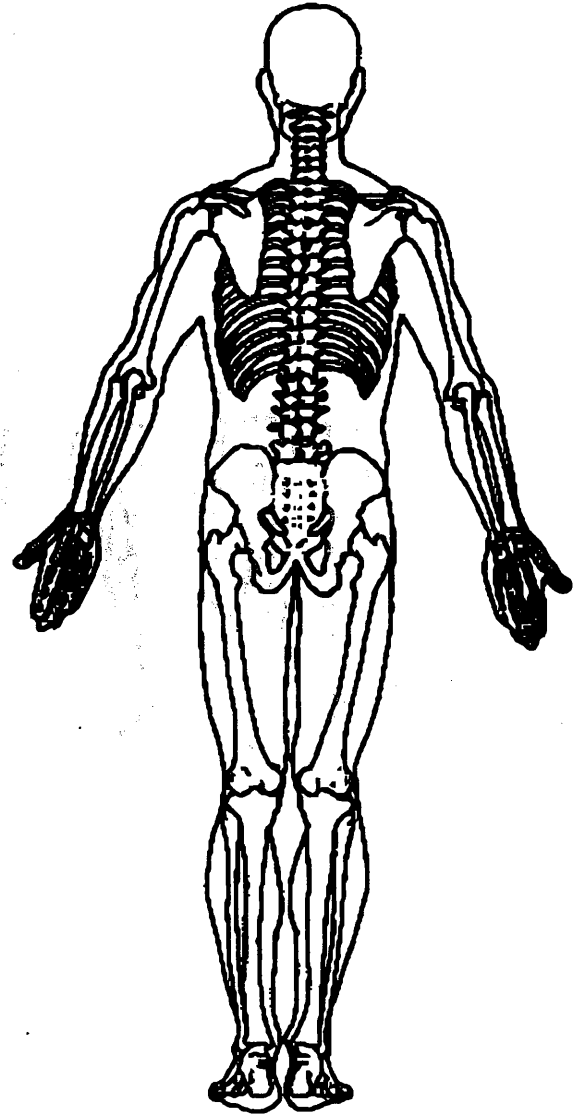
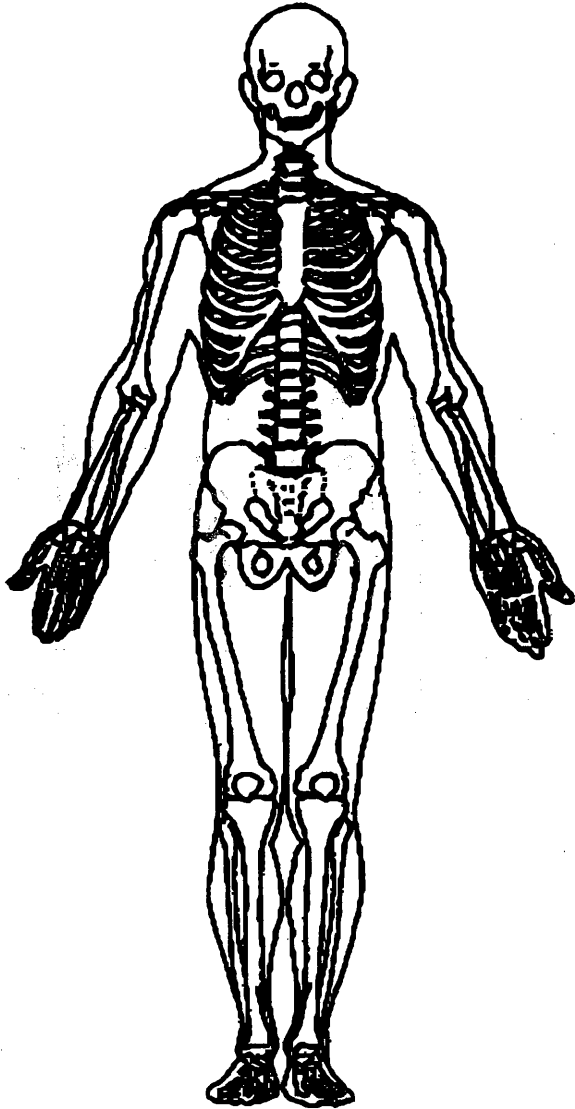
Vehicle Number \_\_\_\_\_

Investigator Number \_\_\_\_\_

Occupant Number (Position) \_\_\_\_\_

## Official Injury Data—Skeletal Injuries

Indicate the location, specific anatomic structure, detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable).



# Occupant Injury Assessment Form—Medical

Case Number \_\_\_\_\_

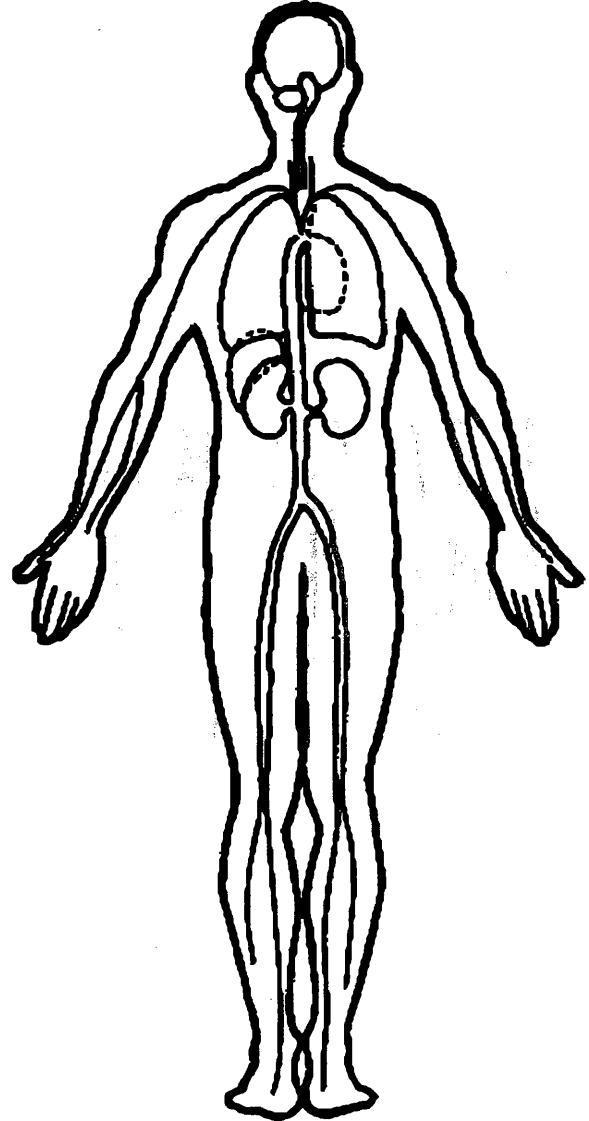
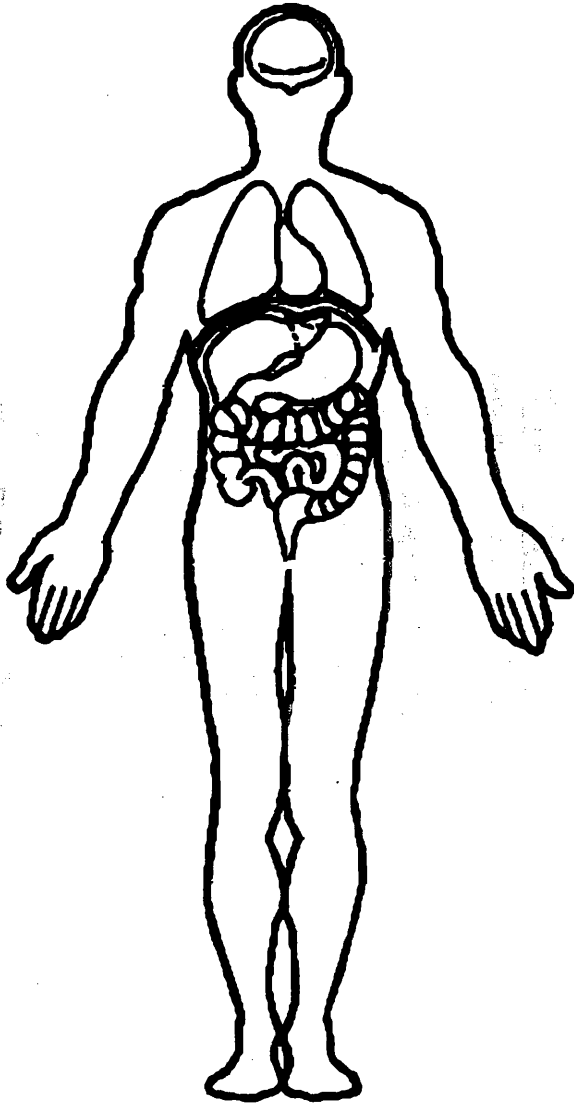
Vehicle Number \_\_\_\_\_

Investigator Number \_\_\_\_\_

Occupant Number (Position) \_\_\_\_\_

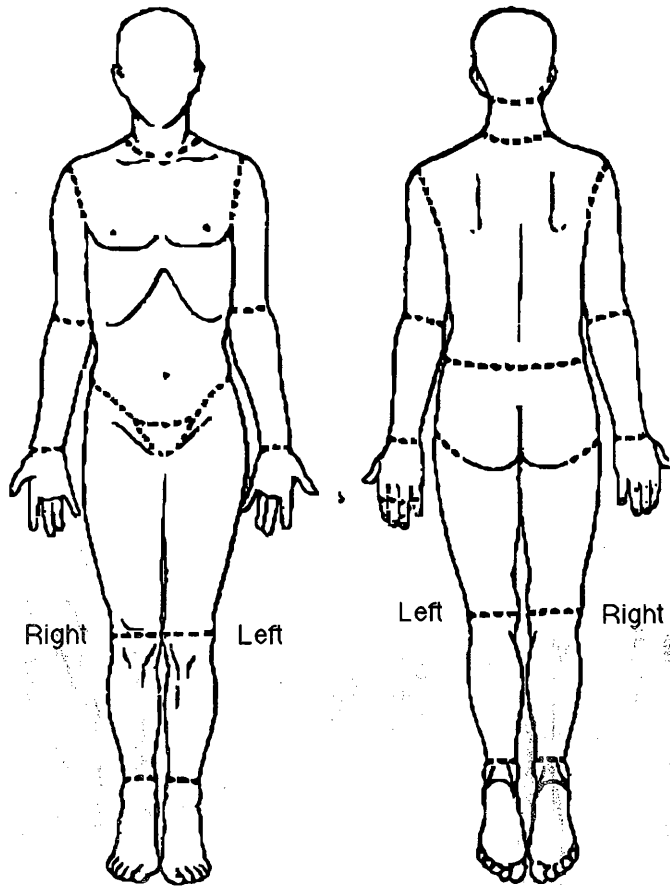
## Official Injury Data—Internal Injuries

Indicate the location, specific anatomic structure, detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable).



# Occupant Injury Assessment Form—Medical (Burn Chart)

Case Number \_\_\_\_\_ Vehicle Number \_\_\_\_\_ Investigator Number \_\_\_\_\_ Occupant Number (Position) \_\_\_\_\_



Date \_\_\_\_\_

Completed by \_\_\_\_\_

- \_\_\_\_\_ Shallow
- + \_\_\_\_\_ Indeterminate or Deep
- = \_\_\_\_\_ %



Shallow (pink, painful, moist)



Indeterminate or deep (dry, less sensation, white, mottled, dark red, brown or black, leathery)

Percent Surface Area Burned (Berkow Formula)

| AREA         | 1 Year | 1-4 Years | 5-9 Years | 10-14 Years | Y 15 Years | Adult | Shallow | Indeterminate or Deep |
|--------------|--------|-----------|-----------|-------------|------------|-------|---------|-----------------------|
| Head         | 19     | 17        | 13        | 11          | 9          | 7     |         |                       |
| Neck         | 2      | 2         | 2         | 2           | 2          | 2     |         |                       |
| Ant. Trunk   | 13     | 13        | 13        | 13          | 13         | 13    |         |                       |
| Post. Trunk  | 13     | 13        | 13        | 13          | 13         | 13    |         |                       |
| R. Buttock   | 2-1/2  | 2-1/2     | 2-1/2     | 2-1/2       | 2-1/2      | 2-1/2 |         |                       |
| L. Buttock   | 2-1/2  | 2-1/2     | 2-1/2     | 2-1/2       | 2-1/2      | 2-1/2 |         |                       |
| Genitalia    | 1      | 1         | 1         | 1           | 1          | 1     |         |                       |
| R. U. Arm    | 4      | 4         | 4         | 4           | 4          | 4     |         |                       |
| L. U. Arm    | 4      | 4         | 4         | 4           | 4          | 4     |         |                       |
| R. L. Arm    | 3      | 3         | 3         | 3           | 3          | 3     |         |                       |
| L. L. Arm    | 3      | 3         | 3         | 3           | 3          | 3     |         |                       |
| R. Hand      | 2-1/2  | 2-1/2     | 2-1/2     | 2-1/2       | 2-1/2      | 2-1/2 |         |                       |
| L. Hand      | 2-1/2  | 2-1/2     | 2-1/2     | 2-1/2       | 2-1/2      | 2-1/2 |         |                       |
| R. Thigh     | 5-1/2  | 6-1/2     | 8         | 8-1/2       | 9          | 9-1/2 |         |                       |
| L. Thigh     | 5-1/2  | 6-1/2     | 8         | 8-1/2       | 9          | 9-1/2 |         |                       |
| R. Leg       | 5      | 5         | 5-1/2     | 6           | 6-1/2      | 7     |         |                       |
| L. Leg       | 5      | 5         | 5-1/2     | 6           | 6-1/2      | 7     |         |                       |
| R. Foot      | 3-1/2  | 3-1/2     | 3-1/2     | 3-1/2       | 3-1/2      | 3-1/2 |         |                       |
| L. Foot      | 3-1/2  | 3-1/2     | 3-1/2     | 3-1/2       | 3-1/2      | 3-1/2 |         |                       |
| <b>TOTAL</b> |        |           |           |             |            |       |         |                       |