

Dr Peter G Methven Inc

MB CHB CCFP

**MOTOR VEHICLE INJURY REPORT**

NAME \_\_\_\_\_ DATE OF REPORT \_\_\_\_\_

ADDRESS \_\_\_\_\_ TIME OF REPORT \_\_\_\_\_

DATE OF MVA \_\_\_\_\_ TIME OF MVA \_\_\_\_\_

LOCATION OF MVA \_\_\_\_\_

**FORCES INVOLVED IN ACCIDENT**

HOW FAST WAS YOUR VEHICLE TRAVELLING? \_\_\_\_\_ KMH

IF STOPPED WAS DRIVER'S FOOT ON THE BRAKE YES / NO

HOW FAST WAS THE OTHER VEHICLE TRAVELLING? \_\_\_\_\_

WHAT WAS THE CONDITIION OF THE ROAD? WET / DRY / ICE / DIRT / OTHER \_\_\_\_\_

HOW DID THE IMPACT CHANGE YOUR ORIGINAL COURSE? \_\_\_\_\_

IF STOPPED, HOW FAR WAS YOUR VEHICLE MOVED? \_\_\_\_\_

WHERE DID IT FINALLY STOP? \_\_\_\_\_

WHERE WERE YOU SEATED IN THE VEHICLE? \_\_\_\_\_

WERE YOU WEARING A SEAT BELT? YES / NO WHAT KIND? 3-POINT / LAP / STRAP

WAS THE VEHICLE FITTED WITH A HEAD REST? YES / NO DID AIRBAG(S) DEPLOY YES / NO

WHAT KIND OF VEHICLE WERE YOU IN? \_\_\_\_\_

WHAT OTHER VEHICLE(S) WERE INVOLVED \_\_\_\_\_

WHAT DIRECTION WERE YOU LOOKING IN? \_\_\_\_\_

Please draw a simple diagram of the MVA (using arrows to indicate direction of travel)

**INJURIES**

WHAT PARTS OF YOU WERE INJURED? \_\_\_\_\_

DID YOU IMPACT WITH ANYTHING IN THE VEHICLE? \_\_\_\_\_

\_\_\_\_\_

WHAT SYMPTOMS DID YOU EXPERIENCE IMMEDIATELY? \_\_\_\_\_

\_\_\_\_\_

WHAT SYMPTOMS DID YOU EXPERIENCE LATER? \_\_\_\_\_

\_\_\_\_\_

WHEN? \_\_\_\_\_

DID YOU GET OUT OF THE VEHICLE BY YOURSELF? \_\_\_\_\_

WERE YOU EVACUATED FROM THE SCENE OF THE ACCIDENT? YES / NO / AMBULANCE / OTHER

IF SO, WHERE TO? \_\_\_\_\_

WHO FIRST ASSESSED YOU FOR YOUR INJURIES? \_\_\_\_\_

WERE X-RAYS TAKEN? YES / NO WHAT WAS X-RAYED? \_\_\_\_\_

HOW LONG WERE YOU KEPT IN EMERGENCY? \_\_\_\_\_ HOSPITAL? \_\_\_\_\_

WHAT TREATMENTS WERE PRESCRIBED? \_\_\_\_\_

\_\_\_\_\_

WHAT SYMPTOMS ARE YOU EXPERIENCING NOW? \_\_\_\_\_

\_\_\_\_\_

WHAT IS YOUR OCCUPATION? \_\_\_\_\_

HAVE YOU LOST TIME FROM WORK? YES / NO HOW MUCH? \_\_\_\_\_

IF DISABLED, WHAT ARE YOUR DISABILITIES? \_\_\_\_\_

\_\_\_\_\_

IS THERE ANY HISTORY OF PROBLEMS OR INJURIES PRIOR TO THIS MVA? YES / NO

DESCRIBE \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_