

TYPE, PLACE, CAUSE AND MECHANISM OF INJURY

Type of injury:	Place of injury:	Cause of injury:
<input type="radio"/> Closed <input type="radio"/> Penetrating <input type="radio"/> Blast <input type="radio"/> Crush	<input type="radio"/> Street/highway <input type="radio"/> Public location (e.g. bar, station, nightclub) <input type="radio"/> Home/domestic <input type="radio"/> Work/school <input type="radio"/> Sport/recreation <input type="radio"/> Military deployment <input type="radio"/> Other, specify: _____	<input type="radio"/> Road Traffic Incident <input type="radio"/> Incidental fall <input type="radio"/> Other non-intentional injury <input type="radio"/> Violence/assault <input type="radio"/> Act of mass violence <input type="radio"/> Suicide attempt <input type="radio"/> Other, specify: _____

If Road Traffic Incident:

Victim:

- Motor vehicle occupant
 Pedestrian
 Cyclist
 Moped/Scooter
 Motor Bike
 Other _____

TYPE, PLACE, CAUSE AND MECHANISM OF INJURY

Type of injury:	Place of injury:	Cause of injury:	Mechanism of injury*:
<input type="radio"/> Closed <input type="radio"/> Penetrating <input type="radio"/> Blast <input type="radio"/> Crush	<input type="radio"/> Street/highway <input type="radio"/> Public location (e.g. bar, station, nightclub) <input type="radio"/> Home/domestic <input type="radio"/> Work/school <input type="radio"/> Sport/recreation <input type="radio"/> Military deployment <input type="radio"/> Other: _____	<input type="radio"/> Road Traffic Incident <input type="radio"/> Incidental fall <input type="radio"/> Other non-intentional injury <input type="radio"/> Violence/assault <input type="radio"/> Act of mass violence <input type="radio"/> Suicide attempt <input type="radio"/> Other: _____	<input type="radio"/> Acceleration/Deceleration <input type="radio"/> Direct impact: blow to head <input type="radio"/> Direct impact: head against object <input type="radio"/> Crush <input type="radio"/> Blast <input type="radio"/> Ground level fall <input type="radio"/> Fall from height > 1 meter (3ft) <input type="radio"/> Gunshot wound <input type="radio"/> Fragment (incl. shell/shrapnel) <input type="radio"/> Other penetrating brain injury * Multiple categories permitted

If Road Traffic Incident:

Victim:

- Motor vehicle occupant
 Pedestrian
 Cyclist
 Moped/Scooter
 Motor Bike
 Other _____

Other party:

- Motor vehicle
 Pedestrian
 Cyclist
 Moped/Scooter
 Motor Bike
 Tram/Bus
 Train/Metro
 Obstacle
 No other party
 Unknown

If blast:

Setting of blast:

- Enclosed
 Non-enclosed
 Unknown

Cause of blast:

- IED*
 Land mine
 Grenade
 Bomb/mortar/RPG**
 Other _____
 Unknown

* IED: Improvised Explosive Device

** RPG: Rocket Propelled Grenade

If military:

Safety:

Combat helmet:

- No
 ACH*
 Other
 Unknown

Body armour

- No
 Yes
 Unknown

Other exposure:

Biological agent:

- No
 Suspect
 Confirmed
 Unknown

Chemical agent:

- No
 Suspect
 Confirmed
 Unknown

* ACH: Advanced Combat Helmet

TYPE, PLACE, CAUSE AND MECHANISM OF INJURY

Type of injury:	Place of injury:	Cause of injury:	Mechanism of injury*:
<input type="radio"/> Closed <input type="radio"/> Penetrating with open depressed skull fracture <input type="radio"/> Penetrating <input type="radio"/> Penetrating - perforating <input type="radio"/> Penetrating - tangential <input type="radio"/> Blast <input type="radio"/> Crush	<input type="radio"/> Street/highway <input type="radio"/> Public location (e.g. bar, station, nightclub) <input type="radio"/> Home/domestic <input type="radio"/> Work/school <input type="radio"/> Sport/recreation <input type="radio"/> Military deployment <input type="radio"/> Other: _____	<input type="radio"/> Road Traffic Incident <input type="radio"/> Incidental fall <input type="radio"/> Other non-intentional injury <input type="radio"/> Violence/assault <input type="radio"/> Act of mass violence <input type="radio"/> Suicide attempt <input type="radio"/> Other: _____	<input type="radio"/> Acceleration/Deceleration <input type="radio"/> Direct impact: blow to head <input type="radio"/> Direct impact: head against object <input type="radio"/> Crush <input type="radio"/> Blast <input type="radio"/> Ground level fall <input type="radio"/> Fall from height > 1 meter (3ft) <input type="radio"/> Gunshot wound <input type="radio"/> Fragment (incl. shell/shrapnel) <input type="radio"/> Other penetrating brain injury, specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

* Multiple categories permitted

If Road Traffic Incident:

Victim:

- Motor vehicle occupant
 Pedestrian
 Cyclist
 Moped/Scooter
 Motor Bike
 Other _____

Other party:

- Motor vehicle
 Pedestrian
 Cyclist
 Moped/Scooter
 Motor Bike
 Tram/Bus
 Train/Metro
 Obstacle
 No other party
 Unknown

If violence:

- Robbery/assault
 Interpersonal violence (fight)
 Domestic assault
 Child abuse
 Gang violence
 Military deployment
 Other

If other party:

Victim:

- Alcohol: No
 Suspect
 Definite
 Unknown
 Drugs: No
 Suspect
 Definite
 Unknown

Other party/parties:

- Alcohol: No
 Suspect
 Definite
 Unknown
 Drugs: No
 Suspect
 Definite
 Unknown

Safety:

- Helmet: No
 Yes
 N/A
 Airbag: No
 Yes
 N/A
 Seatbelt: No
 Yes
 N/A

If blast:**Setting of blast:**

- Enclosed
 Non-enclosed
 Unknown

Type of blast:

- Primary blast
 Secondary blast
 Tertiary blast
 Quaternary blast
 Unknown

Cause of blast:

- IED*
 Land mine
 RPG**
 Grenade
 Bomb
 Mortar
 Other _____
 Unknown

Side of blast:

- Left
 Right
 Top
 Bottom
 Front
 Back
 Unknown

* IED: Improvised Explosive Device

** RPG: Rocket Propelled Grenade

If military:**Safety:**

Combat helmet:

- No
 ACH*
 Other
 Unknown

Body armour:

- No
 Yes
 Unknown

Other exposure:

Biological agent:

- No
 Suspect
 Confirmed
 Unknown

Chemical agent:

- No
 Suspect
 Confirmed
 Unknown

* ACH: Advanced Combat Helmet