

Prehospital V10 Dated22mar24

Date and time of injury

(Source: Medical record of interview)

Mode of transport to the participating hospital

- ☐ Ambulance
- ☐ Police
- ☐ Private vehicle
- ☐ Walking
- ☐ Others
- ☐ Not known

(Source: Medical record of interview)

If other, please specify

(Source: Medical record of interview)

Referred or transferred to the participating hospital
from another hospital

- ☐ Yes
- ☐ No
- ☐ Not known

(Source: Medical record of interview)