

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

Referred or transferred to the participating hospital from another hospital

☐ Yes

☐ No

☐ Not known

(Source: Medical record of interview)