

Annexure - 1



Bangalore Road Safety and Injury Prevention Programme Data Capture Format for Fatal Road Deaths (One form to be used for each crash)

Unique ID

Police Station: _____ FIR no/ Cr.no _____ IPC/CrPC: _____

Crash registered on

Date / Month / Year

Time

AM PM

Crash occurred on

Date / Month / Year

Time

AM PM

A. CRASH DETAILS:

1) Number of vehicles involved: 1. Single 2. Two vehicles 3. More than two vehicles

2) Number of deaths Numbers Injured

3) Place of Crash: 1. City/Municipal roads 2. National Highway 3. State Highway 4. Rural Roads 5. Others, Specify

4) Collision between: (Use code given below) and and (If more than 2 are involved)

1. Pedestrian 2. Pedal cyclist 3. Two wheeler 4. Three wheeler
5. Car 6. Bus 7. Truck 8. Jeep
9. Maxi cab / Tempo 10. Other 4 wheeler 11. Animal driven cart 12. Others (specify)

5) Type of Collision: (Use code given below)

1. Head on collision 2. Hit vehicle in front 3. Vehicle hit from the back 4. Vehicle hit from side
5. Hit pedestrian 6. Skid & fall 7. Hit a fixed object 8. Hit a parked vehicle
9. Overturn 10. Run off road 11. Hit & run 12. Others, specify

6) Crash Location: (Use code given below)

1. Mid block 2. Road intersection 3. T-junction 4. Y-junction
5. Bridge/culvert 6. Round about 7. Near Traffic signals 8. Road humps/rumble strips
9. Narrow road 10. Curved road (at the curve bend) 11. Others, specify

7) Manoeuvre of colliding vehicles: (Use code given below) Vehicle 1 Vehicle 2 Vehicle 3

1. Moving in excessive speed 2. Overtaking 3. Sudden brake application 4. Making u-turn
5. Turning left 6. Turning right 7. Crossing road 8. Others, specify

B. ENVIRONMENT DETAILS

8) Road curvature (Use codes) 1. Straight road 2. Curved road 3. Blind corner / turn

9) Surface of road: (Use codes) 1. Concrete 2. Metalled 3. Mud road 4. Can't say

10) Road condition (at the crash site): (Use codes)

1. No Obstruction
2. Tree / branches 3. Construction work / material 4. Electric / Telephone / Police barricade / Cables
5. Ditches / Pot-holes 6. No footpath 7. Others, specify

11) Visibility of the road (Use codes) 1. Good 2. Average 3. Poor

C. TRAUMA CARE DETAILS

12. First aid given before reaching the hospital (Use codes) 1. Yes 2. No 3. Not known

13. Place of First Aid given: (Use codes)

1. At injury site 2. Nearby govt. hospital 3. Nearby pvt. Hospital 4. Medical college
5. At Police station 6. Nursing home 7. Others, specify 8. Not provided

D. VEHICLE DETAILS (put a X wherever applicable)

14. Problem	Vehicle 1	Vehicle 2	Vehicle 3	Problem	Vehicle 1	Vehicle 2	Vehicle 3
1. No mechanical defect				4. Brake failure			
2. Steering failure				5. Tyre defect			
3. Axle cut				6. Lights defect			
7. Others (specify)				8. Others (specify)			

15. Any other details

DOCUMENT DETAILS OF THE DECEASED

E. PERSONAL AND RISK FACTOR DETAILS													
Sl no	Name	Age	Sex	Residence	Date of death		Place of death	Road User	Activity at time of crash	RISK FACTORS			
					Time of death					Helmet	Seat belt	Child seat	Cell phone use
			M/ F	R / U	Use codes given below					1. Yes	2. No	3. Not Known	4. Not applicable
1													
2													
3													
4													
5													

<p>Road User:</p> <ol style="list-style-type: none"> 1. Pedestrian 2. Pedal Cyclist 3. Two wheeler rider 4. Two wheeler pillion 5. Three wheeler driver 6. Three wheeler occupant 7. Car driver 8. Car occupant 9. Bus driver 10. Bus occupant 11. Truck driver 12. Truck occupant 13. Other 4 wheeler driver (maxi cab, tempo, etc) 14. Other 4 wheeler occupant 15. Animal drawn vehicle 16. Unknown 	<p>Activity of the deceased at the time of crash</p> <ol style="list-style-type: none"> 1. Walking on the road 2. Crossing the road 3. Standing on the road 4. Working on the road 5. Travelling in vehicle <p>Place of death</p> <ol style="list-style-type: none"> 1. At the crash site 2. On the way to hospital 3. In the hospital 4. After discharge
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Writer / Asst. Writer (Name) _____ (Signature)

Annexure - 2

1



Bangalore Road Safety and Injury Prevention Programme (One form to be used for each death, EXCEPT RTI'S)

Unique ID

Police Station: _____ FIR no/ Cr.no _____ IPC / CrPC: _____

Injury registration on: Date / Month / Year Time AM PM

Injury occurrence on: Date / Month / Year Time AM PM

Death occurred on: Date / Month / Year Time AM PM

A. PERSONAL DETAILS

1. Name: _____ 2. Age (in years): 3. Sex: Male / Female

4. Place of residence: (Use code given below)
 1. Rural 2. Urban 3. Specify for other location _____

B. INJURY DETAILS

5. Place of Death: (Use code given below)
 1. At injury site 2. During transport to hospital 3. In the hospital 4. After discharge

6. Place of occurrence: (Use code given below)
 1. Home premises 2. Hospital 3. College campus 4. Hotel and (lodging establishment)
 5. Office 6. Factory 7. Other industrial area 8. Farms and agricultural area
 9. Well / lake / river 10. Religious place 11. Shopping area 12. Construction site
 13. Road 14. Other service area 15. Others, specify _____

7. Nature of injury: (Use code given below)
 1. Fall from height 2. Assault / violence 3. Burns 4. Poisoning
 5. Drowning 6. Hanging 7. Work place injury 8. Fall of object
 9. Sexual violence 10. Others specify _____

8. Intent : (Use code given below)
 1. Suicidal 2. Homicidal / Assault 3. Unintentional 4. Unknown

9. Alcohol consumption by: (Use code given below)
 1. Present 2. Absent 3. Not known

C. SUICIDE

10. Situation of committing suicide: (Use code given below)
 1. Alone in house 2. In presence of others 3. Outside house

11.1. Method of suicide: (Use code given below)
 1. Hanging 2. Poisoning 3. Drowning 4. Self-immolation
 5. Fall from height 6. Jumping in front of the moving vehicle 7. Others specify _____

11.2 If poisoning: (Use code given below)
 1. Therapeutic drugs 2. Illicit drugs 3. Insecticide / pesticides 4. Household products 5. Not known

Major cause of suicides (Optional)

- | | | | |
|-----------------------------------|-------------------------------|-----------------------------|--------------------------|
| 1. Long standing physical illness | 2. Family problems | 3. Alcohol related problems | 4. Financial problems |
| 5. Mental disorder (depression, | 6. Marriage related problems | 7. Frustration in life | 8. Unemployment |
| 9. School related problem | 10. Poverty | 11. Death of family members | 12. Examination failure |
| 13. Love disappointment | 14. Issueless | 15. Career problems | 16. Loss in business |
| 17. Retired life | 18. Pregnancy related problem | 19. Suicide of a friend | 20. Illicit relationship |
| 21. Dowry harassment | 22. Sexual abuse | 23. Miscellaneous causes | 24. Causes unknown |

12. Precipitating factor for suicide : (Use code given below)

1. Absent 2. Present, specify _____ 3. Unknown

13. Was the individual on any treatment for any physical or mental illness in the past (record any details) _____

D. POISONING**14. Type : (Use code given below)**

1. Accidental 2. Suicidal 3. Homicidal 4. Not known

15. Nature of product : (Use code given below)

1. Therapeutic drugs 2. Illicit drugs 3. Insecticide pesticides 4. Household products 5. Not known

16. Availability : (Use code given below)

1. At home 2. Brought from outside

E. Burns

17. 1. Thermal 2. Electrical 3. Chemical 4. Radiant

18. Product Causing burns: (Use code given below)

1. Kerosene stove 2. Electric store 3. Bare wire / socket 4. Hot liquids 5. Others, specify

F. ASSAULT / VIOLENCE**19. Nature: (Use code given below)**

1. Individual 2. Family 3. Group 4. Communal

20. Perpetrator (relationship) _____

Major cause of assault (optional) _____

G. FALL FROM HEIGHT

21. Approximate fall from height: _____

22. Nature of landing surface : (Use code given below)

1. Soft 2. Hard 3. Rock 4. Construction site 5. Not known

H. PREHOSPITAL CARE DETAILS**23. First Aid given before reaching the hospital : (Use code given below)**

1. Yes 2. No 3. Don't know

24. Where was First Aid given: (Use code given below)

1. At injury site 2. Nearby govt. hospital 3. Nearby pvt. hospital 4. Medical college
5. Police 6. Nursing home 7. Others, specify _____

25. Cause of death as per autopsy report

Name and signature of the Investigation writer:

Signature:

Name:

Annexure - 3



Bangalore Road Safety and Injury Prevention Programme

MORTUARY INJURY DATA FORM

(Under pilot testing)

Mortuary Code : _____ Autopsy ID : _____
 Date of Injury (DD / MM / YY): ____ / ____ / ____ Time of Injury (HH: MM): (0 - 24 hrs) _____:_____
 Date of Admission (DD / MM / YY): ____ / ____ / ____ Time of Admission (HH: MM): (0 - 24 hrs) _____:_____
 Date of death (DD / MM / YY): ____ / ____ / ____ Time of Death (HH: MM): (0 - 24 hrs) _____:_____
 Date of Autopsy (DD / MM / YY): ____ / ____ / ____ Time of Autopsy (HH: MM): (0 - 24 hrs) _____:_____
 Informant: _____ Name of the Police station : _____

A. SOCIODEMOGRAPHIC DETAILS

1. Age (in years): _____ 2. Sex: M/F/TG 3. Place of residence: _____
4. Education: 1. Illiterate 2. Primary 3. Middle 4. Secondary, high-school & PUC 5. Graduate
6. Post graduate & above
5. Occupation: _____

B. DETAILS OF INJURY (based on records, inquest data and bystander reports)

6. _____
7. Place of occurrence: 1. Road 2. Home and premise 3. Factory 4. Hospital 5. School/ college campus 6. Railway tracks
7. Office 8. Market/business area 9. Well/lake/pond 10. Religious place 11. Agricultural area
12. Prison/custody etc. _____ 13. Unknown 14. Others, Specify _____
8. Place of Injury (Name of Area): _____
9. Nature of injury: 1. Road traffic Injury 2. Fall 3. Assault / Violence 4. Burns 5. Electrical injuries 6. Poisoning
7. Drowning 8. Hanging 9. Work Place injury 10. Animal Bite 11. Fall of Object 12. Gun shot injuries
13. Others, Specify _____
10. Intent: 1. Unintentional 2. Intentional- Suicidal 3. Intentional - Homicidal/Assault 4. Unknown 5. Undetermined
- 11.1 Alcohol use in the deceased Yes No Unknown Not Applicable
- 11.2 Alcohol use in counterpart Yes No Unknown

C. TRAUMA CARE DETAILS

12. Whether FIRST AID was given soon after the injury: 1. Yes 2. No 3. Not known
13. Place of death: 1. At injury site 2. During transport to hospital 3. In the hospital 4. After discharge from the hospital
14. Source of referral to the hospital where the death occurred: 1. General Practitioner 2. Pvt. Hospital 3. Govt. Hospital
4. 108 ambulance 5. Other Ambulances 6. Pvt teaching Hospital
15. Mode of transportation: 1. Autorickshaw 2. 108 Ambulance 3. Other Ambulance 4. Private Taxi 5. Personal vehicle
16. Parts of the body Injured: 1. Head 2. Neck 3. Upper limbs 4. Abdomen 5. Lower limbs 6. Face 7. Chest
8. Spine & vert. column 9. Groin 10. Back
17. Apparent Injuries that could have lead to death

	Primary Cause:
	Antecedent Cause:
	Associated conditions:
18. In what way this injury could have been prevented

D1. ROAD TRAFFIC INJURY

19. Place of Occurrence: 1. City/Municipal roads 2. Highway 3. Rural roads 4. Others,specify
Area: _____ Street: _____

20. Activity at the time of crash 1. Travelling in a vehicle 2. Walking on the road 3. Crossing the road 4. Standing on the road
5. Working on the road 6. Playing on the road 8. Not known 7. Others, Specify _____

21. Collision between: _____ Name and Type of Vehicle: _____

22. Road User category of the deceased: 1. Pedestrian 2. Pedal cyclist 3. Two wheeler rider 4. Two wheeler pillion
5. Three wheeler driver 6. Three wheeler occupant 7. Car driver 8. Car occupant 9. Bus/truck driver 10.Bus/truck occupant
11. Other 4-wheeler driver (maxi-cab/tempo, etc) 12. Other 4-weeler occupant 13. Others, specify _____ 14. Unknown

23. Type of Crash: 1. Pedestrian hit by vehicle 2. Head on Collision 3. Hit vehicle in front 4. Hit from back 5. Hit & run
6. Skid & fall 7. Run off road 8. Overturn 9. Hit a fixed Object (tree median, pole, building, parked vehicle etc),
Specify _____ 10. Others, Specify _____

24. If Two-wheeler rider/pillion, use of helmet: 1. Yes 2. No 3. Not known 4. Not Applicable

25. If Car driver/occupant, use of seat belt: 1. Yes 2. No 3. Not known 4. Not Applicable

26. Use of cell phone by the deceased: 1. Yes 2. No 3. Not known

27. Use of cell phone by the counterpart: 1. Yes 2. No 3. Not known

D2. FALL

28. Nature of Fall: 1. Fall on Same level 2. Fall from height 3. Fall from tree 4. Fall from balcony/compound etc.

29. Approximate height of fall: _____ 30. Whether using any protective Harness: 1. Yes 2. No 3. Not known

D3. INDUSTRIAL INJURY

31.1 Type of Industry: _____ 32.1 Method of injury: _____

31.2 Specific injury due to: _____ 32.3 Whether deceased was using safety devices at the time of Injury: 1. Yes 2. No

D4. ANIMAL BITES/ INJURIES

33. Bites/Injuries due to : 1. Snake 2. Dog 3. Scorpion 4. Others

D5. ASSAULT / VIOLENCE

34.1 Nature: 1. Individual 2. Family 3. Group 4. Communal 34.2 Weapon used in Assault: _____

35.1 Perpetrator (relationship): _____ 35.2 Method of Assault: _____

D6. SUICIDE

36. Situation of committing suicide: 1. Alone in house 2. In presence of others 3. Outside house

37.1 Method of suicide: 1. Hanging 2. Poisoning 3. Drowning 4. Self-immolation 5. Fall from height
6. Jumping in front of moving vehicle _____ 7. Others, Specify _____

37.2 If poisoning, product or object causing suicide: 1. Therapeutic drugs 2. Illicit drugs 3. Insecticides / pesticides
4. Household products 5. Not known Specify Name _____

D7. ACCIDENTAL POISONING

38. Nature of product: 1. Therapeutic drugs 2. Illicit drugs 3. Insecticides / pesticides
4. Household products 5. Not known Specify Name _____

D8. BURNS

39. Place of Burns: 1. House 2. Kitchen 3. Bathroom 4. Not possible to ascertain 40. Extent of burns (in %):
41. Product causing burns: 1. Kerosene Stove 2. Electrical burns 3. Electrocution 4. Hot liquids 5. Others, Specify _____

43. Special investigations done: 1. Alcohol 2. Toxicology 3. Photography 4. Histology 5. Swabs 6. None
7. Others Specify _____ 8. Results awaited.

Name: _____ Signature: _____

Annexure - 4



Hospital Name Bangalore Road Safety and Injury Prevention Programme EMERGENCY TRAUMA CARE RECORD

ECR No: _____ NAME OF THE CMO _____

Date of Registration on / / Time

Date of Injury on / / Time

PLACE of OCCURRENCE: 1. Urban 2. Rural 3. Others

A. PERSONAL DETAILS OF THE INJURED

1 NAME: _____

2 AGE (in years) _____

3 SEX: 1. Male 2. Female

4 MARITAL STATUS: 1. Married 2. Single 3. Others 4. Not applicable

5 PLACE of RESIDENCE: 1. Urban 2. Rural 3. Others

Address _____

B. DETAILS OF INJURY

6 PLACE of INJURY 1. Road 2. Home 3. Factory 4. Office 5. Agricultural field 6. School 7. Public place 8. Railways 9. Playground 10. Unknown 11. Others, specify _____

7 Cause
 1. Road traffic 2. Fall 3. Assault 4. Burns 5. Poisoning 6. Drowning 7. Attempt at Hanging 8. Sports injury 9. Fall of object 10. Animal bites 11. Crush injury 12. Agricultural injury 13. Stab/cut 14. Others, specify _____

8 INTENT: 1. Unintentional 2. Self-harm 3. Intentional (assault) 4. Others, specify _____ 5. Unknown

9 Product / object responsible for injury _____

10 H/o ALCOHOL consumption in the Injured: 1. Yes 2. No 3. Probably yes
 If Yes, 1. Injured 2. Counterpart 3. Both 4. Not applicable 5. Unknown

11 ACTIVITY AT THE TIME OF INJURY (Use code given below)
 1. Traveling in vehicle 2. Walking on road 3. Standing on road 4. Playing on road 5. Sleeping 6. Working in factory 7. Going/Coming from school 8. Doing home work 9. Unspecified 10. Others, specify _____

C. DETAILS OF ROAD TRAFFIC INJURY

12 PLACE of OCCURRENCE: 1. City / Municipal roads 2. Highway 3. Rural roads 4. Others

13 Road User category of the injured:
 1. Pedestrian 2. Pedal cyclist 3. Two wheeler rider 4. Two wheeler pillion 5. Three wheeler driver 6. Three wheeler occupant 7. Car driver 8. Car occupant 9. Bus / truck driver 10. Bus / truck occupant 11. Other 4-wheeler driver (maxi-cab/ tempo, etc) 12. Other 4-wheeler occupant 13. Others, specify _____ 14. Unknown

13.1 If Pedestrian, activity (Use code given below)
 1. Walking on the road 2. Standing on the road 3. Crossing the road 4. Working on the road 5. Going/Coming school 6. Playing on the road 7. Others, specify _____ 8. Unspecified

- 14.1 For Collision between vehicles, how many Vehicles were involved (Use code given below)
1. Single 2. Two vehicles 3. More than two vehicle
(Use code given below)
- 14.2 1. Pedestrian 2. Pedal cyclist 3. Two wheeler 4. Three wheeler
5. Car 6. Bus 7. Truck 8. Other 4 wheeler
- 14.3 TYPE of COLLISION: (Optional)
1. Hit pedestrian 4. Hit from the back 7. Run off road 10. Fall from moving vehicle
2. Hit & run 5. Hit from the side 8. Overturn 11. Others, specify _____
3. Head on collision 6. Hit a fixed object 9. Skid & fall
- 15 USE of HELMET (if Two-wheeler rider/pillion): 1. Yes 2. No 3. Not known 4. Not applicable
- 16 USE of SEAT-BELT (if Car driver/occupant): 1. Yes 2. No 3. Not known 4. Not applicable
- 17 USE of CHILD RESTRAINT SEATS 1. Yes 2. No 3. Not known 4. Not applicable

D. PREHOSPITAL CARE DETAILS

- 18 FIRST AID given before reaching the hospital: 1. Yes 2. No 3. Don't know
- ** If yes, where:
1. At injury site 3. Nearby Pvt. Hospital / 4. Medical College 6. Police
2. Nearby Govt. Hospital Nursing Home 5. Pvt. Clinic/ hospital 7. Others, specify _____
- 19 SOURCE of REFERRAL:
1. Directly on their own 4. Pvt. Hospital / Nursing home 7. Others, specify _____
2. General practitioner 5. District hospital
3. Govt. hospital 6. Primary health centre
- 20 NUMBER of hospital/s visited before reaching this hospital
- 21 MODE of transportation:
1. Any Ambulance 4. Autorikshaw (3 wheeler) 7. Others, Specify _____
2. 108 (EMRI) 5. Police vehicle
3. Private vehicle (personal or taxi) 6. Walking

E. INJURY MANAGEMENT & OUTCOME

- 22 STATUS of the injured at the time of entry:
1. Brought dead 2. Unconscious 3. Semi-conscious 4. Conscious
- 23 SEVERITY of INJURY: 1. Mild (Requiring ER Care) 2. Moderate (Requiring 6 hrs of hospital stay) 3. Severe (Direct medical / surgical / other admission requiring intensive management)
- 24 PART of the BODY injured (tick the appropriate part of the body):
- Head Neck Upper limbs Abdomen Lower limbs
Face Chest Spine & vert. column Groin Back

EXAMINATION/FINDINGS (all injuries to be documented in total)

- 25.1 TREATMENT:
1. Treated in emergency room & sent home 3. Treated in emergency room & referred to another hospital
2. Admitted for medical / surgical care

25.2 If referred, PLACE of REFERRAL: _____

Identification marks of patients

Name & Signature of CMO