

## TSA-B Mortality Data

\* 1. Name of person reporting data:

\* 2. Entity data is reported from:

\* 3. Do you have any mortality data to report?

Yes

No

## TSA-B Mortality Data

\* 4. Patient Age

\* 5. Patient Gender

6. Patient Chief Complaint

\* 7. Scene Call or Transfer

\* 8. Diagnosis

\* 9. Mechanism of Injury (MOI)

\* 10. Injuries Sustained

\* 11. ISS

\* 12. PI Review/Opportunities for Improvement

### TSA-B Mortality Data

\* 13. Was this an MVC?

Yes

No

### TSA-B Mortality Data

\* 14. Did this MVC result in a DEATH ON SCENE? (YES, NO, OR UNKNOWN)

\* 15. Were RESTRAINTS/CAR SEATS Used Appropriately? (YES, NO, OR UNKNOWN)

\* 16. Was DISTRACTED/IMPAIRED DRIVING a leading factor in the death? (YES, NO, UNKNOWN)

\* 17. Was SPEED A FACTOR in the death? (YES, NO, UNKNOWN)