

If the person was the driver or passenger. Type of vehicle the person was in

- | | |
|---|--|
| <input type="checkbox"/> Pedal cycle | <input type="checkbox"/> Other motor vehicle |
| <input type="checkbox"/> Motorcycle \leq 50 cc | <input type="checkbox"/> Other non-motor vehicle |
| <input type="checkbox"/> Motorcycle > 50 cc and < 125 cc | <input type="checkbox"/> Ridden horse |
| <input type="checkbox"/> Motorcycle > 125 cc and < 500 cc | <input type="checkbox"/> Agricultural vehicle (include diggers etc) |
| <input type="checkbox"/> Motorcycle > 500 cc | <input type="checkbox"/> Tram / light rail |
| <input type="checkbox"/> Taxi / private hire car | <input type="checkbox"/> Goods vehicle < 3.5 tonnes mgw |
| <input type="checkbox"/> Car | <input type="checkbox"/> Goods vehicle > 3.5 tonnes mgw and < 7.5 tonnes mgw |
| <input type="checkbox"/> Minibus (8 – 16 passenger seats) | <input type="checkbox"/> Goods vehicle > 7.5 tonnes mgw |
| <input type="checkbox"/> Bus or coach (17 or more passenger seats) | <input type="checkbox"/> Not known |

Breath test of driver of vehicle that person was in

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Refused to provide |
| <input type="checkbox"/> Positive | <input type="checkbox"/> Driver not contacted at time of accident |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Not provided (medical reasons) |
| <input type="checkbox"/> Not requested | <input type="checkbox"/> Not known |

- | | | | |
|------------------------------|------------------------------------|-----------------------|------------------------------------|
| Did vehicle have restraints? | <input type="checkbox"/> Yes | Were restraints used? | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No | | <input type="checkbox"/> No |
| | <input type="checkbox"/> Not known | | <input type="checkbox"/> Not known |

- | | | | |
|----------------------------|------------------------------------|---------------------|------------------------------------|
| Did vehicle have air bags? | <input type="checkbox"/> Yes | Did airbags deploy? | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No | | <input type="checkbox"/> No |
| | <input type="checkbox"/> Not known | | <input type="checkbox"/> Not known |

- Was airbag switched on?
- | |
|------------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Not known |

If person was passenger

Give age of driver of vehicle that person was in:

- Passenger position
- | | |
|---|--|
| <input type="checkbox"/> Front seat passenger | <input type="checkbox"/> Rear seat passenger |
| <input type="checkbox"/> Other | |

If person was pedestrian (pedestrian location)	
<input type="checkbox"/> In carriageway, crossing on pedestrian crossing facility.	<input type="checkbox"/> In centre of carriageway, no on refuge island or central reservation
<input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing approach	<input type="checkbox"/> In carriageway, not crossing
<input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing exit	<input type="checkbox"/> On footway or verge
<input type="checkbox"/> In carriageway, crossing elsewhere	<input type="checkbox"/> Not known
<input type="checkbox"/> On central refuge island or central reservation	<input type="checkbox"/> Other (please specify):
If pedal cycle or motor cycle, was a helmet worn?	
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not known

**Thank you for completing this form based on the information you have.
Please return it as soon as possible to the CI team.**

You can return the form:

- by email: ci-team@bristol.ac.uk
- by post: CI team, Norah Fry Research Centre, University of Bristol, 3 Priory Road, Bristol BS8 1TX
- or phone us to arrange collection: 0117 3310980

Thank you.