

**SUPPLEMENTARY MATERIALS**

## Data Collection Form:

## Demographics:

Patient Initials/Age/Sex

Date of Injury

Additional Notes

## Past medical history (i.e. comorbidities):

Social history:

Surgical history:

Time of first medical contact

Ambulatory/Ambulance

Primary Injury

Other Injuries

Mechanism of Injury

Scooter malfunction?

Motor vehicle involvement?

Uneven ground involvement?

Documentation of helmet use?

## Injury Description:

Extremity fracture?

Facial fracture?

Loss of consciousness?

Head bleed?

## Imaging:

Radiographs?

Right

Left

Midline

Any CT scan?

Without contrast

With contrast

Ultrasound?

MRI?

Without contrast

With contrast

ATLS survey documentation?

## Subspecialty Consultation

Which specialites?

Number of consults

## Surgical Intervention

Any surgery

Urgent surgery

Wound class

OR time

## Follow-up

## Plan to follow-up in hometown