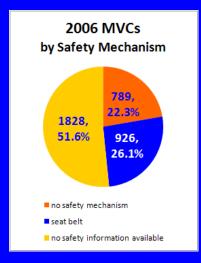
Spotlight on Motor Vehicle Crashes

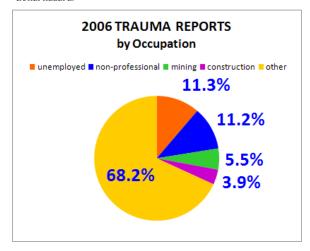
In 2006, motor vehicle crashes (MVCs) continued to be the leading cause of traumatic injury in Nevada, accounting for 36.0% (3,546) of all submissions.



Furthermore, 22.3% (789) of those injured in an MVC employed no safety mechanism, while 26.1% (926) used a safety belt. For the remainder, no safety information was reported.



Of the top four occupational categories of those involved in traumas reported, the unemployed accounted for the largest share at 11.3% (1,110), followed closely by non-professionals at 11.2% (1,105). The next two groups were mining, 5.5% (541), and construction, 3.9% (383), both of which entail significant occupational hazard.



For additional information, visit the Health Division website at: http://www.health.nv.gov/ or contact Andrea Rivers:

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The Nevada State Trauma Registry is operated pursuant to: NRS 450B.238 and NAC 450B.764

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2006 Trauma Fact Sheet

March 2009

2006 Trauma Fact Sheet

General

A trauma is a violent physical injury due to a blunt or penetrating force, burn, fracture, etc.. In 2006, the Nevada State Trauma Registry received 9,862 submissions from 27 of the 32 licensed hospitals in Nevada. The four designated trauma centers accounted for 86% (8,462) of the total.

On average, 822 submissions were received per month. July saw the largest number of submissions, 979 (9.9%), while the least occurred in November, 702 (7.1%). Saturday was the most frequently reported day for a trauma to occur (19.2%), followed by Sunday (18.0%). The least reported day was Wednesday (11.2%).

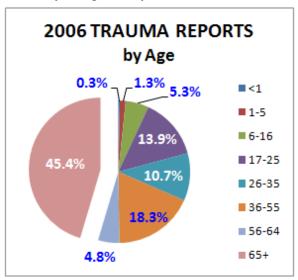
With 6,564 reports, street or highway was the most commonly reported site of injury, accounting for two-thirds (66.6%) of all submissions. While many submissions did not document the mode of transportation, 7.1% (698) of all submissions indicated that the patient had arrived at the emergency room by private vehicle or walk-in and 5.2% (517) noted arrival by ambulance.

Over half (58.9%) of the patients were admitted to a hospital for five or fewer days, and 59.6% were ultimately given a hospital disposition of home without further care. Death was the outcome for 3.1% (306) of all reports received.

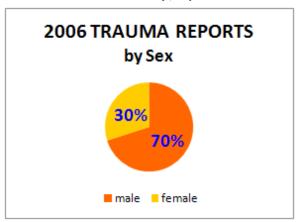
There are two categories of trauma reports: blunt force and penetrating. Blunt force was the most commonly reported type at 83.7% (8,257), while penetrating accounted for the remainder at 16.3% (1,605).

Demographic

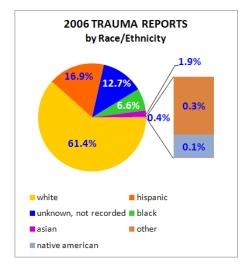
In 2006, those age 65 and older accounted for 45.4% (4,478) of all traumas reported, followed by those age 36 to 55 at 18.3% (1,801). The age group with the fewest submissions was for those less than 1 year of age, with only 32 submissions.



There was also a marked difference between the sexes in the number of submissions, with traumatic incidents involving males occurring over two times more often than females. Overall, males accounted for 70.0% (6,903) of the total number of submissions while females accounted for 29.9% (2,953).



Whites accounted for 61.4% (6,059) of trauma cases and Blacks 6.6% (655), both of which closely parallel 2006 population estimates of 61.3% and 6.9% respectively. However, the shares of trauma cases reported for Hispanics, Asians, and Native Americans were lower than their corresponding demographic estimates. In particular, Hispanics are estimated to constitute 24.0% of the populace, but their share of the reported trauma cases was 16.9%. Such discrepancies may be due in part to the large portion of trauma cases (12.7%) where racial and ethnic information was either unknown or not recorded.



(Continued on Brochure Back.)

What is a Trauma?

According to National Trauma Data Bank criteria, for an injury to be reported as a trauma, it must have at least one ICD-9 code from the following ranges: 800—904.99, 925—929.99, or 940—959.99, and the patient must haven either: been admitted to a facility, died following treatment or evaluation, or been transferred into or out of a facility.