INTRODUCING

Jack

The Data Tells a Story

A human story shaped by evidence

Understanding road trauma in Aotearoa New Zealand



Introducing Jack

The Data Tells a Story

Understanding Road Trauma in Aotearoa New Zealand

Prepared by Road Traffic Accident Trauma Charitable Trust trading as National Road Trauma Centre

First Edition, 2026

Published in Aotearoa New Zealand

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Dedication

For everyone affected by road trauma, including those injured and those who have lost someone they love.

For those who step forward to help, and whose support makes a difference when life changes.

For all who work in prevention, enforcement, emergency response, healthcare, rehabilitation and research, whose work helps protect life and improve recovery.

And for everyone who wants to understand more, because every life saved and every injury prevented makes a difference.

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Foreword

Every serious road crash has a beginning, but its consequences do not necessarily have an end.

A collision may occur in seconds. What follows can involve emergency response, hospitalisation, surgery, rehabilitation, psychological recovery, disruption to employment, changes within families and, for some people, permanent disability or lifelong health consequences.

Jack was developed to help tell that wider story.

Jack is fictional. His circumstances have been deliberately constructed to provide an accessible way of exploring serious road trauma within a New Zealand context. His age, appearance, occupation, vehicle, rural environment, journey, crash circumstances, injuries and subsequent recovery have not been selected randomly. They are intended to provide a realistic scenario through which evidence about road trauma, human vulnerability, survivability and recovery can be communicated to the public.

Importantly, Jack has not been created to portray a reckless young driver. He is an ordinary person making an ordinary journey.

Many things are going right. He is wearing his seatbelt. He is not affected by alcohol or drugs. He is not using his mobile phone. His vehicle is roadworthy. His tyres are legal and serviceable. He is travelling on a familiar road and within the posted speed limit.

But Jack is tired.

A momentary lapse has extraordinary consequences.

Through Jack's journey, we can examine not only why crashes happen, but what happens afterwards: who finds him, how help reaches him, how his injuries are assessed, how he moves through acute care and rehabilitation, how his family becomes part of his recovery, and how a few seconds on a rural road can influence decades of a person's life.

Jack is ultimately a story about people. It is about human vulnerability, prevention, survival, care, recovery and the many people who contribute when someone's life is changed by road trauma.

Acknowledgements

Jack draws upon the work of researchers, clinicians, road safety specialists, trauma professionals, rehabilitation practitioners, emergency responders, data analysts and people with lived experience of road trauma throughout Aotearoa New Zealand.

The initiative also draws upon published New Zealand road safety, injury, health, trauma and rehabilitation evidence. These contributions enable road trauma to be understood not simply as a transport issue, but as an issue affecting health, families and whānau, workplaces, communities and society.

The National Road Trauma Centre particularly acknowledges people who have experienced road trauma themselves, including those living with serious injuries and disability, families supporting recovery, and families and whānau whose loved ones did not survive.

Jack's story is fictional. The experiences it seeks to illuminate are very real.

Inaugural Jack Project Group

The inaugural Jack project group brings together the following people and expertise:

Sarah Dean, Founder and Trustee of the National Road Trauma Centre, providing project leadership and digital and content creation.

Dr Darren Walton, PhD, Trustee and Director of Crow's Nest Research, bringing more than two decades of applied research experience and expertise in road safety, data science, crash risk modelling, transport behaviour, advanced statistical analysis and evaluation.

Jason Tippet, Trustee of the National Road Trauma Centre, contributing specialist expertise in weather intelligence and forecasting.

Dr Mehran Kamali, UCOnline Lecturer and Facilitator in Digital Marketing at the University of Canterbury, contributing expertise in artificial intelligence, data driven marketing, risk management, crisis detection, marketing and business analytics, evidence and audience research, digital strategy, campaign evaluation and audience testing.

Michael Durie, contributing expertise in strategy, marketing, communications and content direction.

John McIntyre, professional racing driver, contributing specialist expertise in driver training, vehicles and practical driving dynamics.

Special Thanks

We thank Dr Amanda Rosenberg, MD (SUNY, USA), FACEM, FACEP, Emergency Medicine Specialist, Ministry of Health, for her peer-review input on clinical and emergency medicine.

We thank Julian Waite, General Manager of HEMS Clinical and Critical Care Paramedic, for his peer-review input on emergency response and helicopter transport.

We thank Dr Lee Kannis-Dymand, PhD Psych (Canterbury), PGDipClinPsych (Canterbury), PostgradDipCogThpy (Oxford), Senior Lecturer, Clinical Psychology, and Clinical Psychologist, University of the Sunshine Coast, Australia, Co-Founder, former Psychology Lead and Trustee of the National Road Trauma Centre, for his peer-review input on psychology and wellbeing.

We thank Professor Richard Porter, MA(Camb), MB BS, MD(Newcastle UK), DipObst(Otago), MRCPsych, Psychiatrist and Head of the Department of Psychological Medicine, University of Otago, Christchurch, for his peer-review input on psychological medicine.

We thank Scotty Bamford for his lived experience (pre-hospital and hospital care).

We thank Ken Franklin, CEO of HEMS New Zealand Ltd, for his support.

We thank Rose-Marie Schiavuzzi for her kind support and encouragement.

We thank Waiau Volunteer Fire Brigade, Fire and Emergency New Zealand, for reviewing the vehicle extrication content and providing specialist feedback.

Executive Summary

Jack is an evidence-informed public education initiative exploring the complete journey of serious road trauma through the experience of a fictional 24-year-old New Zealander.

The initiative begins before the crash. Jack lives in the city and works full-time as an electrician. He is physically active, independent and accustomed to long working days. His utility vehicle is part of both his working and personal life, including weekends spent with his rural mates.

One winter afternoon, after work, Jack goes home, showers and changes into casual clothes before driving to his parents' farm for the weekend. His vehicle is roadworthy, with serviceable tyres showing ordinary wear. Earlier rain has left sections of the familiar road slightly damp.

Jack is sober, restrained, not using his phone and travelling within the posted speed limit. Fatigue has accumulated during the day.

Jack experiences a brief microsleep.

The vehicle departs from its intended path. Jack becomes aware of what is happening and attempts to correct it. The vehicle loses stability, leaves the roadway and collides with a roadside object.

Jack survives.

The crash results in multiple serious injuries affecting his head, chest, abdomen, pelvis and limbs. He cannot free himself from the vehicle. His mobile phone has moved beyond

his reach during the collision, leaving him physically unable to call emergency services.

For approximately twelve minutes, Jack waits.

A passing motorist eventually notices evidence of the road departure, finds the vehicle and calls 111. From that moment, Jack enters a complex chain of care involving emergency communications, roadside assistance, clinical assessment, extrication, transport, hospital treatment, surgery, intensive care, rehabilitation and eventually community-based recovery.

The current New Zealand trauma system records major trauma nationally through the New Zealand Trauma Registry, while the national trauma programme seeks to improve clinical practice and outcomes across the country. Current national work also recognises that recovery does not finish at hospital discharge and that rehabilitation following major trauma can, for some people, be lifelong.

Jack's journey continues long after hospital. He returns to his parents' rural property and becomes dependent on his family for practical assistance. His recovery involves physical rehabilitation, psychological recovery, pain management, medical follow-up and eventually vocational rehabilitation.

Distance becomes part of the story. New Zealand research has identified differences in out-of-hospital pathways for people injured in rural locations, including longer pathways to hospital and specialist trauma care compared with urban patients.

Jack eventually returns to aspects of his previous life, but not unchanged.

The publication follows that entire journey.

About This Book

Jack is fictional, but the road trauma explored through his story is real.

Research and New Zealand data help shape the journey, from the moments before the crash to rescue, hospital care and recovery. His thoughts, conversations and personal circumstances are created for the story.

No two crashes are the same. The speed and direction of an impact, the vehicle, seatbelts and airbags, the road and how quickly help arrives can all affect what happens to the person inside.

Jack's story follows one possible journey. Another person in a similar crash could have different injuries and a different recovery.

Where the book uses statistics, it makes clear what comes from published findings, what is provisional and what belongs to Jack's fictional story.

The Evidence and the Story

Published research and New Zealand data inform the road-safety and trauma issues explored in this book. Jack's personality, conversations, daily routine and individual circumstances are fictional.

His story illustrates what serious road trauma can involve. It does not suggest that his life is typical of every young male driver, or that the same crash would produce the same injuries and recovery for another person.

Part One
Understanding Road Trauma

Chapter 1
About Jack

We hear plenty about preventing road crashes: wearing a seatbelt, watching our speed, putting the phone away and recognising when we are too tired to drive. Those messages matter.

But what happens when someone survives a serious crash? Who finds them? How do emergency services reach them? And what does life look like once they leave hospital?

That is where Jack comes in.

His story takes us through the moments before impact, the wait for help at the crash scene, the emergency response and his care during rescue and helicopter transport. It follows him through hospital treatment, rehabilitation and recovery, including the challenges of everyday tasks and returning to work.

Through it all, Jack remains Jack. He has weekend plans and a sense of humour that does not always know when to stay quiet. Getting to know him helps us understand what the crash changes, and why the care he receives matters.

Chapter 2
Why Jack Was Developed

Numbers are essential for understanding road trauma, but numbers alone cannot communicate what serious injury means. A statistic can tell us how many people were admitted to hospital. It cannot show what it feels like for a 24-year-old who previously worked a physical job to need assistance showering.

A crash database can record a serious injury. It cannot adequately communicate what happens when parents become caregivers, when somebody cannot return to their occupation, or when attending rehabilitation requires repeated travel from a rural community.

Jack bridges that gap. It takes population-level evidence and asks a much more human question: What could these statistics mean for one person?

Jack's story then follows that question through the entire road trauma journey.

Chapter 3
The Vision Behind Jack

The vision for Jack is to make complex road trauma evidence understandable without oversimplifying it. Road trauma sits at the intersection of transport, engineering, biomechanics, emergency response, medicine, rehabilitation, psychology, economics and public health.

Most members of the public will never read a trauma registry report or analyse crash data. They can, however, understand Jack.

The initiative uses contemporary visual storytelling, including AI-generated imagery, to translate evidence into a relatable human narrative. The technology is the communication mechanism. The evidence remains the foundation.

Chapter 4
Understanding Road Trauma

Road trauma does not begin and end at the roadside. A serious collision can generate immediate physical injury while simultaneously beginning a much longer chain of consequences.

There may be emergency treatment and hospitalisation, followed by surgery, rehabilitation and repeated medical appointments. Employment may be interrupted. Family responsibilities may change. Relationships may experience pressure. Travel may become difficult. Pain, fatigue and psychological consequences may persist.

This is particularly important when considering major trauma. New Zealand's national trauma programme describes its purpose in terms of reducing deaths and reducing the severity of disability among people who survive major trauma. The New Zealand Trauma Registry provides a national view of where major trauma occurs and who it affects.

Jack uses that broader understanding. The crash is an event.

Road trauma is the journey that follows it.

Chapter 5
The Evidence Behind Jack

Jack is designed around evidence rather than a predetermined dramatic storyline. The evidence base includes New Zealand crash and injury statistics, national trauma data, rehabilitation evidence, research into rural trauma pathways, published medical research and evidence concerning human tolerance to crash forces.

The annual crash-data resource checked for this edition covers 1990–2024. The Major Trauma Annual Report 2024/25, published in March 2026, provides the national major-trauma context. The references distinguish publication dates from the years studied, so historical results are not presented as measurements of present-day care. The source register has been checked as at 25 October 2026.

This edition lists 38 distinct sources, with supporting source numbers beside relevant chapters. International evidence is identified separately. The bibliography and its claim-to-source associations remain subject to technical and clinical peer review.

Sources: 1, 2, 5

Chapter 6
Human Vulnerability

The human body has remarkable capacity to recover from injury, but it has physical limits. During a collision, a vehicle can change speed almost instantaneously. The occupants continue moving until restraints, airbags, the vehicle interior or other structures bring their bodies to a stop.

Different tissues tolerate these forces differently. The brain can move within the skull. The chest can be compressed by restraints and impact forces. Long bones can fracture. Internal organs can be injured through rapid deceleration or direct loading.

Modern vehicle design can significantly reduce these forces, but it cannot eliminate them. Jack's injuries are not included simply for dramatic effect. Later chapters will examine how the selected crash mechanism could plausibly produce his particular pattern of injuries and distinguish what can reasonably be inferred from what would require clinical diagnosis.

Sources: 1, 2, 5

Chapter 7
Prevention

The safest serious crash is the one that never occurs. Prevention remains the starting point of Jack.

Even so, prevention is broader than asking individuals to behave perfectly. People become tired. They become distracted. They misjudge situations. They occasionally make decisions they would make differently with hindsight.

Jack illustrates this deliberately. He is not intoxicated, racing, texting or deliberately taking risks. Instead, an ordinary human limitation, fatigue, interacts with speed, vehicle movement and the roadside environment.

The purpose is not to excuse unsafe behaviour. It is to demonstrate why preventing death and serious injury requires multiple protective layers rather than relying on perfect human performance.

Sources: 3, 4, 15, 16, 17

Chapter 8
Understanding Survivability

Survival is not binary. Two people can experience superficially similar crashes and have very different outcomes. Vehicle construction, restraints, airbags, impact direction, collision speed, roadside objects, occupant age, physical characteristics, emergency response and access to treatment can all influence survivability.

Jack survives his collision. That decision is deliberate because the purpose of Jack extends beyond fatal road trauma. Survival allows the initiative to explore something that road safety campaigns can sometimes overlook: what surviving serious road trauma actually means.

Survival may involve emergency surgery, intensive care and months of rehabilitation. It can mean living with chronic pain, disability or psychological consequences. It can affect employment, independence and family life.

For Jack, surviving the crash is not the end of his story. It is the beginning of another one.

Sources: 1, 8, 9, 34

Chapter 9
Why Every Journey Matters

Road trauma is often reduced to annual totals: deaths, serious injuries and crashes. Those measures are essential for understanding the scale of the problem, but every number represents a person whose life intersects with many others.

The consequences can extend to parents, partners, children, siblings, friends, colleagues and communities. They also generate wider societal costs. New Zealand's social-cost framework incorporates loss of life and life quality, lost productivity and medical, legal, court and vehicle-damage costs when estimating the burden of road crashes.

The wider costs sit alongside Jack’s personal journey. A dollar figure cannot measure what happened to him, but it helps explain why preventing serious road trauma matters.

But because understanding both the human cost and societal cost helps demonstrate why preventing serious road trauma matters.

Road-crash social costs are drawn from the Ministry of Transport’s 2025 update, covering 2022–2024 data and published in March 2026. NZTA’s Monetised benefits and costs manual, version 1.7.5, sets out how transport projects are assessed economically. These approaches consider effects such as lost life quality, productivity and other costs. They are not a valuation of Jack as a person, an ACC payment or a bill for treating his brain injury. Average crash-injury values do not establish the cost of an individual traumatic brain injury. Such an estimate would need separate evidence about injury severity, healthcare, rehabilitation, work and the period measured. Treasury guidance informs the wider appraisal framework.

Sources: 1, 8, 9

Part Two
Why Jack

Chapter 10
Why Jack Was Chosen

Jack was deliberately designed as a young New Zealand man whose appearance and circumstances would be immediately recognisable without making him exceptional. He is not portrayed as an extreme risk-taker, professional athlete, inexperienced teenager, habitual offender or someone whose behaviour makes the outcome of his crash seem inevitable. He works, contributes to his family, has friends and recreational interests, maintains his vehicle and considers himself a responsible driver.

If Jack were portrayed as reckless, intoxicated, travelling at an extreme speed or deliberately using his phone while driving, it would be easy for some audiences to distance themselves from him. His crash could simply be interpreted as the foreseeable consequence of obviously dangerous behaviour.

Jack asks a more difficult question: what happens when an otherwise ordinary person makes an ordinary human error in an environment where the consequences can be extraordinary?

Jack is not the problem the campaign is attempting to solve. He is the person through whom the problem is explored.

Sources: 1, 2

Chapter 11
Why a Male Was Chosen

Males accounted for 70 per cent of major-trauma cases recorded in the New Zealand Trauma Registry in 2023/24. This provides national context for choosing a male character, alongside road-safety evidence concerning young drivers.

The current national Major Trauma Annual Report continues to provide national surveillance of major trauma through the New Zealand Trauma Registry and is the principal source underpinning the clinical components of Jack. Road-crash evidence also enables factors such as age, sex, crash circumstances and contributing factors to be examined rather than treating road users as a single homogeneous population.

Jack's selection as a young male reflects an identifiable road-trauma population. It does not mean young men are inherently unsafe drivers, nor does Jack suggest that serious road trauma is predominantly a problem affecting young men. Older people, women, children, motorcyclists, cyclists, pedestrians, passengers and many other groups experience serious and fatal road trauma.

Jack provides one lens through which that much larger problem can be examined.

Sources: 1, 2, 6

Chapter 12
Why 24 Years of Age?

Jack is 24 years old. The age was selected deliberately because it places him at the upper end of the commonly examined young-driver age range while allowing the campaign to explore a person who has progressed beyond the very earliest stages of independent driving.

At 24, Jack can plausibly have several years of driving experience. He can have completed an apprenticeship, established himself in full-time employment, purchased his own vehicle and developed the confidence that comes from repeatedly travelling familiar roads.

Jack is not learning to drive, and he does not crash because he has only recently obtained a licence. Instead, driving has become routine. The familiar journey home, the confidence that comes from experience and the belief that he can safely complete a relatively short remaining journey despite feeling tired all become relevant to understanding what happens.

Twenty-four also gives Jack an established adult life that can subsequently be disrupted. He has an occupation, income, independence, recreational activities, responsibilities and plans for the future. The consequences of serious injury can be examined against what he had immediately before the crash.

Chapter 13
Why a Utility Vehicle?

Jack drives a utility vehicle. It provides a recognisable New Zealand working and rural context. The educational message is about the vehicle category and crash environment.

Even so, A utility vehicle fits naturally with Jack's circumstances. He works as an electrician, carries work equipment and spends weekends with rural friends. The same vehicle can credibly be used for employment, weekend activities and everyday personal transport.

Vehicle selection also creates an opportunity to discuss an important misconception: a large vehicle does not make the human body invulnerable. Vehicle safety varies substantially, including between individual models and model years.

The central point remains simple: vehicle engineering can substantially influence injury severity, but no ordinary road vehicle can eliminate the physical forces generated by every high-energy collision.

Sources: 15, 16

Chapter 14
Why Rural New Zealand?

Jack lives in the city, but this journey takes him onto a rural road. That setting allows the publication to examine higher-speed road environments, roadside hazards, discovery time, emergency response, transport to hospital and access to rehabilitation after discharge.

The rural setting is not intended to suggest that rural communities or rural drivers are inherently unsafe. Instead, geography changes the circumstances surrounding trauma. A vehicle leaving a road in a city may be immediately visible to numerous people. On a lightly trafficked rural road, a vehicle can leave the carriageway and remain unnoticed.

That is why Jack is not discovered immediately. It is also why his later recovery will examine distance from specialist

services, repeated travel for appointments and the practical consequences for a family simultaneously supporting an injured person and operating a farm.

Rurality influences Jack's experience before, during and after the collision.

Sources: 15, 16

Chapter 15
Why Winter?

Jack's crash occurs during winter. Winter was selected not because winter itself causes Jack's collision, but because it allows several ordinary environmental and human factors to be examined together without constructing an extreme weather event.

The crash occurs in late July on a weekday in the late afternoon. Jack has completed a long and physically demanding working day. Earlier showers have left parts of the road damp, but conditions are not severe. There is no snowstorm, dense fog or flooded road. The weather does not provide a convenient explanation for what happened.

That is deliberate.

The winter setting instead contributes context: shorter daylight hours, cooler temperatures, a damp road surface and the end of a long working day. Each factor can be documented as part of the environment without automatically being identified as causal.

This is an important principle that will continue throughout Jack's crash reconstruction: something can be present without causing the crash.

Source: 35

Chapter 16
Why Jack Looks the Way He Does

Jack's physical appearance has also been deliberately considered. He is designed to look contemporary and recognisably New Zealand without being exaggerated into a stereotype.

Jack's image has been developed using artificial intelligence. It is a visual representation of a fictional person and does not depict any real or identifiable individual.

His build is healthy and relatively lean rather than heavily muscular. His clothing is practical, contemporary and appropriate for his age, occupation and rural lifestyle. His hairstyle reflects current styles among young men rather than attempting to make him appear either unusually fashionable or deliberately rugged.

Even apparently small decisions about hair, footwear, clothing, body shape and posture matter because visual credibility affects whether audiences perceive Jack as a believable person.

The aim is for someone viewing the campaign to think, “I know someone who looks like Jack,” rather than, “That is what a road-safety campaign thinks a risky young driver looks like.”

His appearance serves the same purpose as the rest of the project: relatability without stereotyping.

Chapter 17
Why Jack Is Healthy Before the Crash

Jack is physically healthy before the collision. He does not have a pre-existing condition that explains what happens. His eyesight is appropriate for driving, and the scenario does not rely upon illness, medication or impairment.

Making Jack healthy allows the publication to demonstrate the effect of crash forces on an otherwise healthy young adult. It also creates a clear contrast between his life before and after major trauma.

Before the crash, Jack's body enables him to work, exercise, drive, help his parents and live independently. After the crash, many of those abilities temporarily, or potentially permanently, change.

Jack's pre-crash health becomes the baseline against which his recovery can later be understood.

Chapter 18
Why Jack Is Not Impaired

Jack has no alcohol or impairing drugs in his system at the time of the collision. He is also not using his mobile phone.

This does not imply that alcohol, drugs or distraction are unimportant road-safety issues. New Zealand's annual crash statistics examine alcohol and drugs, diverted attention, fatigue, speed and young drivers because these are important dimensions of road trauma.

For Jack, however, deliberately removing several well-recognised risk factors makes it possible to examine

fatigue and human vulnerability without creating a story dominated by obvious unlawful behaviour. It also prevents the audience from dismissing Jack with a simple explanation: he was drunk, on drugs, texting or racing.

None applies.

Jack is tired.

That distinction is central to the campaign.

Chapter 19
Why Jack's Vehicle Is Imperfect

Jack's vehicle is roadworthy, but it is not perfect. This is intentional because ordinary vehicles in everyday use are rarely showroom-new.

His utility vehicle has approximately 4–5 mm of tyre tread, with minor wear consistent with normal use. It carries evidence of rural life and work. There may be small stone chips outside the driver's critical field of vision and ordinary wear associated with regular use.

There is, however, no predetermined mechanical failure inserted into Jack's story. The tyres, brakes, steering and other safety-critical components will be described only to the level supported by the fictional investigation.

These imperfections make Jack's vehicle believable without turning poor maintenance into the explanation for the crash. That matters because the investigation will later distinguish between conditions observed and factors considered contributory.

Chapter 20
Why the Road Is Imperfect

The same principle applies to the road. Jack travels on a real-world rural road: a sealed carriageway, narrow shoulders, an outward slope for drainage, fencing, vegetation and fixed roadside objects.

The surface is slightly damp following earlier showers. The narrow shoulder slopes away towards the verge and ditch, leaving limited recovery space. These features can make recovery harder without, by themselves, establishing the cause of a crash.

Jack examines the interaction between road user, vehicle, speed, road and roadside environment. A human error need not inevitably result in catastrophic injury.

Electronic stability control, where fitted, responds to vehicle movement rather than reading painted edge lines. It can help counter a skid, but cannot overcome the limits of tyre grip. A forgiving roadside still matters when a vehicle leaves its lane.

Sources: 36, 37

Chapter 21
Why Fatigue?

Fatigue was selected as the principal human factor in Jack's fictional crash because it allows the initiative to explore an everyday physiological limitation rather than deliberate risk-taking.

Jack has worked a long day. He has not necessarily reached a point where he consciously believes he is incapable of driving. That is precisely what makes the scenario useful educationally. Fatigue exists on a continuum. A person can

feel capable of continuing while their alertness and performance are already deteriorating.

Jack believes he can get home. He has travelled the road hundreds of times. Home is not far away. Those circumstances make the decision to continue understandable without presenting it as safe.

Chapter 22
Why a Microsleep?

A microsleep provides the immediate event through which accumulated fatigue becomes consequential. Jack does not deliberately close his eyes and decide to sleep. Instead, alertness briefly fails.

At road speed, even a very short period without effective control can allow a vehicle to travel a substantial distance. The important educational point is not the precise number of seconds Jack's eyes are closed. Unless the fictional reconstruction contains evidence capable of establishing that duration, the publication should not pretend to know it.

The wording remains deliberately simple: Jack experiences a brief microsleep.

The reconstruction can then examine the distance travelled and vehicle trajectory as a plausible scenario rather than presenting an invented duration as a forensic fact. This is an example of the evidential discipline that should run throughout Jack.

Chapter 23
Why Jack Represents More Than Jack

Jack is one fictional person. His story is deliberately specific because specificity makes the consequences of trauma understandable. But Jack is not intended to suggest that every person injured on New Zealand roads is a 24-year-old man driving a utility vehicle on a rural road.

The national trauma system records major trauma across ages, sexes, ethnicities, injury mechanisms and locations. Jack is a case study, not an average.

His value lies in allowing one journey to be followed in depth. Through him, audiences can explore fatigue, crash forces, roadside survivability, emergency response, hospital treatment, rehabilitation, rural access to services, family impacts, employment and the long-term consequences of serious injury.

Other people will experience very different journeys.

Jack gives us somewhere to begin.

Part Three
Before the Crash

Chapter 24
Meet Jack

Jack is twenty-four, an electrician, and firmly believes knowing every word to a song is the same as being able to sing it. His mates have explained the difference. He has chosen to ignore them.

He lives in the city, works hard, and likes having plans for the weekend. He is the mate who turns up when you need a hand, then reminds you about it whenever you question his judgement.

At work, he spends his days solving problems, carrying equipment and getting into spaces nobody would choose to spend an afternoon in. He likes being useful. He also likes offering an opinion, whether the situation requires one or not.

After work, Jack has gone home, showered and changed into casual clothes. Now he is driving to the family farm for the weekend. His call with a mate is over, the music is up, and he is giving the chorus everything it probably does not need.

There is nothing unusual about the journey. A familiar road, a long day behind him, and a weekend ahead.

Chapter 25
Family and Community

Jack lives in the city, but he stays close to his parents and makes time to see them.

His mates know him as someone they can count on. He will turn up to lend a hand, offer several opinions and stay until the job is done. Whether all the opinions were useful is usually discussed afterwards.

There are workmates he sees most days. Catching up with his rural mates happens on weekends and usually involves something outdoors. The group chat takes it from there. Agreeing on a departure time is easy. Getting everyone there at that time is another matter.

Chapter 26
Work and Daily Life

Jack is a qualified electrician. His days take him between houses, commercial buildings and rural properties, with tools to carry, faults to find and jobs that rarely turn out to be quite as straightforward as promised.

He takes the work seriously. His workmates would prefer him to take their requests to stop singing just as seriously.

The job keeps him moving. He climbs ladders, works above his head, bends, kneels and carries equipment. Some days leave him more tired than others, especially when there has been plenty of driving between jobs.

Work pays his bills and gives his week a rhythm. He likes being good at something people need. There is satisfaction in

finishing a difficult job, packing away the tools and knowing he has earned the weekend.

Chapter 27
Weekends Away

Jack likes living in the city, but by the end of the week he is usually ready for a change of scene. His parents' farm gives him somewhere familiar to stay, with his rural mates nearby.

Weekend plans tend to start in the group chat. Someone suggests fishing, someone checks the weather, and someone who has contributed nothing asks what time they are leaving.

Jack enjoys the familiar faces and the running jokes that stopped needing an explanation years ago. He gives as good as he gets. Any attempt to tell a story in his favour usually meets a mate who remembers it differently.

By Sunday evening, he is heading back to the city with something else for the group chat to argue about.

Chapter 28
Jack's Health and Wellbeing

Jack is generally healthy and physically active. Between work and his weekends, he spends plenty of time on his feet. Sitting still is something he manages better when there is a decent game on.

He has no known medical condition affecting his driving, his eyesight meets the requirements, and he is not taking medication that would make him drowsy. On the day of the crash, he has no alcohol or impairing drugs in his system.

He is used to feeling tired after work. Most days, it means a shower, something to eat and deciding whether he can be bothered cooking before opening the fridge again.

This afternoon, he notices the tiredness but expects to manage the drive. He knows the road and will be there soon. He has made the journey plenty of times before.

Chapter 29
The Day of the Crash

It is a Friday in late July. Jack starts work early, expecting to finish in time to get away for the weekend.

The day is busy. There is driving between jobs, equipment to carry and work that needs his full attention. He stops for lunch, then gets back into it. By the time he packs away his tools, he is ready to call it a day.

Jack goes home, showers and changes into casual clothes. He feels tired, but expects to manage the familiar drive.

His bag is in the ute, with coffee for the journey and a mate to call about the weekend. He fastens his seatbelt and sets off for his parents' farm.

Chapter 30
The Journey Home

Jack knows the route well. The city gives way to open paddocks, and he settles into the familiar drive towards his parents' place.

His mate's voice comes through the ute's hands-free system. They talk about the weekend, who is coming and who has

apparently put themselves in charge. Jack has a few things to say about that.

By the time they finish talking, the plans are roughly sorted. He turns up the music. A song he knows comes on, which is all the encouragement he needs.

He gives the chorus everything it probably does not need. For a few minutes, he is thinking about the weekend and enjoying having finished work.

Then he notices how tired he feels.

He is about fifteen minutes away. He takes another sip of coffee and winds down the window. The cold air feels good against his face.

He knows this road. He will be there soon.

Chapter 31
Jack Immediately Before the Crash

The cold air feels good, but the tiredness is still there. Jack puts his coffee back in the cup holder. The music keeps playing.

He is already picturing the evening with his mates, giving someone grief and getting plenty back.

His seatbelt is fastened. The call is over and his phone is back in its holder. He is travelling within the speed limit, along a road he knows well.

There are only fifteen minutes left. To Jack, that feels manageable.

He keeps driving.

Part Four
The Crash

Chapter 32
The Road Environment

The road runs through open farmland, with one lane in each direction. Traffic is light. Jack knows the bends, fences and gateways along the way.

The road has a chipseal surface, with small stones set into bitumen. Earlier rain has left it slightly damp. His headlights light the road ahead, but there is no painted line marking the edge of the seal.

Beyond the unmarked edge, the shoulder is narrow and slopes away. There is a grass verge, a drainage ditch and, farther back, a mature macrocarpa tree.

Jack has passed the tree many times before.

Chapter 33
Weather and Environmental Conditions

It is a cold Friday evening in late July. The earlier showers have passed, and Jack’s headlights light the road ahead.

There is no heavy rain or thick fog. He can see where he is going. Inside the ute, the music is still playing and cold air comes through the partly open window.

Chapter 34
Jack's Vehicle

Jack drives a utility vehicle. It carries his tools during the week and whatever he needs for the weekend. It is roadworthy and regularly used, with a few marks that would take longer to explain than he thinks they deserve.

His seatbelt is fastened, and the vehicle is equipped with airbags.

His phone sits in its dashboard holder. The earlier call came through the hands-free system. Now the call is over, the music is playing and his weekend bag is along for the ride.

Chapter 35
Tyres and Wheels

The ute's tyres are serviceable, with tread remaining and ordinary wear from regular use. They are not new, but they are not bald or visibly damaged.

Jack gives them little thought on this drive. They have taken him between jobs all week. He expects them to get him through another familiar journey.

Chapter 36
Fatigue

The song changes. Jack knows this one too.

The tiredness has crept back in. His eyelids feel heavy. He blinks and shifts in his seat.

He had expected the coffee and cold air to help. For a little while, he felt more awake. Now he is watching the road and thinking about how little of the journey is left.

He has been up since early morning. After a full day of work, he is more tired than he wants to admit.

He still expects to make it.

Sources: 3, 4

Chapter 37
The Microsleep

Jack does not decide to close his eyes. He briefly falls asleep without realising it.

This is a microsleep: a short, involuntary episode of sleep. While driving, it leaves a person unable to respond to the road ahead. Even a brief episode can allow a vehicle to travel a considerable distance without effective driver control.

The music keeps playing. The ute keeps moving.

It begins to drift from its intended path.

When Jack’s awareness returns, the ute is no longer where he expects it to be.

Sources: 3, 4

Chapter 38
Jack Realises Something Is Wrong

The road is not where Jack expects it to be.

He reacts, pulling at the steering wheel to bring the ute back into its lane. His left-hand tyres are already on the grass verge. The movement is panicked. The ute does not return to the road.

His hands tighten on the wheel. He presses the brake pedal hard and feels the ABS working. The system helps prevent the wheels from locking, but braking and steering still depend on the grip available beneath the tyres.

The front wheels are turned to the right, but the ute keeps travelling ahead across the damp grass. It is not slowing enough. Then his headlights catch the tree.

A moment ago, he was thinking about his mates.

Now his attention fixes on the tree. His foot stays firmly on the brake. He is trying to steer away, but the ute keeps closing the distance.

Sources: 36, 37, 38

Chapter 39
The Moments Before Impact

The tree fills more of the windscreen.

Jack is still trying to avoid it. His hands are on the wheel, but the ute is not going where he needs it to go.

There is no time to work out another way through. He sees what is coming and wants, desperately, for it not to happen.

No. Not the tree.

Then the ute hits.

Sources: 36, 37, 38

Chapter 40
The Impact

The front of the ute strikes the tree.

The bonnet buckles. The headlights and surrounding bodywork break as the front of the vehicle crushes inward.

The windscreen cracks across Jack’s view. Its laminated glass largely holds together, while a side window shatters and scatters small pieces of glass into the cabin.

The dashboard and surrounding trim buckle and break. The space around his legs narrows as the footwell deforms.

His phone comes loose from its holder and lands in the passenger footwell.

The driver’s door is distorted. It will not open normally.

A moment ago, Jack was trying to stop this happening. Now the ute is still.

Sources: 15, 17

Chapter 41
The Collision Happens in Milliseconds

There is no time for Jack to follow everything happening around him.

The front of the ute crushes against the tree. As the vehicle slows abruptly, his body continues moving forward until his seatbelt and airbag restrain that movement.

These events unfold in fractions of a second. Crash researchers measure them in milliseconds, each one a thousandth of a second.

They overlap: the vehicle deforms, the restraint systems act, and forces pass through Jack’s body.

By the time the ute comes to rest, the injuries have already occurred.

Sources: 17, 18

Chapter 42
What Happens to Jack’s Body

The ute slows abruptly against the tree. Jack’s body continues moving forward.

His seatbelt tightens across his chest and pelvis, holding him in his seat and limiting how far he moves. The airbag helps cushion his head and upper body.

His head, chest, pelvis and limbs do not all move together. Each responds to the sudden change in motion, the restraints and the space around him.

The belt and airbag help protect him, but the forces are still severe. Around his legs, the damaged footwell leaves less room.

Jack cannot separate any of this into individual moments. It happens too quickly.

Sources: 15, 17, 18

Chapter 43
The Airbag and Jack's Movement

The airbag deploys from the steering wheel as the collision unfolds. It inflates rapidly in front of Jack as his head and upper body move forward.

It works with his seatbelt. The belt limits his movement, while the airbag provides a cushion between him and the steering wheel.

As Jack presses into it, the airbag gives way and releases gas through its vents. This helps slow his movement rather than bringing him against a hard surface.

It does not stay inflated. By the time the ute is still, the airbag is collapsing in front of him.

Sources: 15, 17, 18

Chapter 44
Jack's Head and Neck

As his seatbelt restrains his torso, Jack's head continues moving. His neck is caught between the movement of his head and the changing position of his shoulders.

The airbag helps slow his head and upper body, but it cannot remove all the forces passing through them.

His head and neck may experience a combination of bending and turning during the impact. The exact movement depends on how the ute strikes the tree and how his body responds.

Afterwards, emergency clinicians will need to assess his head and neck for injuries that cannot be judged from the damage to the ute alone.

Sources: 17, 18, 19, 33

Chapter 45
The Injury You Cannot See

Jack’s skull protects his brain, but it cannot shield it from every force in the collision.

As his head changes speed and direction abruptly, the soft brain tissue inside is subjected to forces that can stretch and distort it.

A brain injury can occur even without his head striking the windscreen, dashboard or steering wheel.

The cracked windscreen does not tell anyone what has happened inside Jack’s head. That will need careful clinical assessment.

Sources: 18, 31

Chapter 46
Jack Briefly Loses Consciousness

For a short time after the impact, Jack is unconscious.

He is unaware that the ute has stopped, that glass has scattered through the cabin or that his phone is out of reach.

When his awareness returns, he struggles to make sense of where he is and what has happened.

The brief loss of consciousness will be important when clinicians assess his head injury. For now, Jack only knows that something is badly wrong.

Sources: 18, 31

Chapter 47
Jack Regains Consciousness

He looks ahead, trying to understand what he is seeing. The windscreen is cracked. The dashboard is damaged, and the airbag hangs deflated around the steering wheel.

Glass is scattered over the seats and floor. Small pieces cling to his clothes. His belongings are no longer where he left them.

This is his ute, but it takes him a moment to recognise it.

He is breathing. He can hear. He is awake.

I’m alive.

Then he tries to move.

Sources: 18, 31

Chapter 48
Jack Checks Himself

Jack raises a hand to his face. There are small pieces of glass caught in his hair. He looks at his fingers, checking for blood.

His head feels strange. He tries to gather his thoughts and work out where he hurts.

Then he tries to move his legs.

The pain is immediate. He stops. The damaged footwell leaves little room, and shifting makes it worse.

He takes a deeper breath. A sharp pain catches in his chest. His abdomen hurts too.

He does not know what is broken or how badly he is injured. He is trying to answer much simpler questions.

Can I move? Am I bleeding? Can I breathe?

Can I get out?

Sources: 21, 22

Chapter 49
The Injuries Jack Cannot See

Jack looks for blood on his clothes and around the seat. There is less than he expected after a crash like this.

But the pain tells him something is wrong.

His chest hurts when he breathes. His abdomen aches, and moving his legs brings a pain he cannot ignore.

Some of his injuries are hidden. His ribs are fractured, his lung is bruised, and his injured liver is bleeding inside his abdomen.

Jack cannot see that bleeding. He does not know what is happening beneath his clothes.

He is awake and able to speak. That does not mean he is out of danger.

Sources: 23

Chapter 50

Jack Tries to Get Out

Jack wants out.

He reaches for the door handle and pulls. The door does not open.

He tries again, pushing against it. Pain catches through his chest and lower body. He stops, then pulls at the handle once more.

The door is jammed.

He looks across the cabin, searching for another way out. But shifting in the seat sends pain through his legs, and the damaged footwell leaves him little room to move.

He cannot get himself out.

He needs someone to help.

Chapter 51
Where Is My Phone?

Jack looks at the dashboard holder. It is empty.

He searches the seat and the floor, looking wherever he can without moving too much.

Then he sees it, down in the passenger footwell.

He reaches across. Pain stops him before he gets close. He tries shifting in his seat, but his legs will not let him move far enough.

The phone is right there.

He needs to call 111. He knows what to do.

He just cannot reach it.

Chapter 52
Does Anybody Know I Am Here?

“Help!”

Jack listens for an answer.

Nothing.

He calls again. His chest hurts, and he pauses to catch his breath.

From the driver's seat, he cannot tell how much of the ute is visible from the road. Did anyone see him leave it? Will the next driver notice him?

He listens for another vehicle.

His parents are expecting him. His mate knows he was on his way. But neither knows where he is now.

He looks towards the road again.

Someone has to come past.

He feels panicky. He cannot get out, and he does not know how long he will be here.

Chapter 53

His Body Begins Sending Different Signals

Jack's mouth feels dry. He wants a drink, but reaching for anything means moving, and moving hurts.

He feels weaker than he did a few minutes ago. He tries to settle into the seat, searching for a position that does not make the pain worse.

His chest hurts when he takes a deeper breath. His abdomen is still painful.

He feels light-headed.

He does not know why these things are happening. He only knows that he feels worse, and help has not arrived.

He listens for a vehicle again.

Chapter 54
The Twelve Minutes Alone

Jack has no idea how long he has been sitting there.

He listens for tyres on the road. Every sound makes him look up, hoping it is someone coming closer.

Then he hears an engine.

Please stop.

The sound gets louder, then slows. A vehicle pulls up nearby.

A door opens. Footsteps approach.

“Can you hear me?”

“Yes,” Jack says. “I’m here.”

It has been about twelve minutes since the crash.

Someone has found him.

Part Five
The First Hour

Chapter 55
Someone Finally Sees Him

Anna is heading home from work along a road she knows well. She almost passes the spot.

Something at the edge of the road catches her attention. Tyre marks run off the seal. Beyond them, the grass and soil are disturbed.

She slows down and looks again.

There is a ute beyond the verge, its front crushed against a tree.

Anna pulls over in a safe place, takes her phone and approaches cautiously.

Then she sees Jack in the driver’s seat.

“Can you hear me?”

He answers.

Anna stays where Jack can see her and prepares to call for help.

Chapter 56
The First Voice Jack Hears

“What’s your name?”

“Jack.”

Anna stays where he can see her.

“Jack, I’m calling for help.”

He wants to explain everything at once, but it is hard to find the words.

“I can’t get out. My legs…”

He stops. Taking a breath hurts.

Anna listens as he tells her about the pain in his chest and abdomen.

He looks at her, waiting for what happens next.

For the first time since the crash, he has someone to answer him.

Chapter 57
The 111 Call

Anna calls 111.

She gives the road name and explains what she has found: a ute has struck a tree, and the driver is trapped inside.

His name is Jack. He is awake and talking, but he is in pain and cannot get out.

She answers the questions as clearly as she can, using nearby landmarks to help describe their location. When she does not know something, she says so.

Jack watches her, listening to his name and the details of the crash being passed to someone he cannot see.

Anna follows the instructions she is given.

The call is through. Someone beyond the roadside now knows where he is and that he needs help.

Chapter 58
What Anna Can See

Anna looks at Jack as she answers the questions.

He is still in the driver's seat, with glass scattered across his clothes and around the cabin. The airbag hangs deflated in front of him.

He looks pale. When he tries to move, pain stops him. His breathing seems uncomfortable.

She tells the emergency dispatcher what she can see and what Jack has told her.

Jack tries a small joke.

"Wasn't planning on stopping here."

Anna keeps her eyes on him, listening to the emergency dispatcher. She does not smile.

He watches her face. The joke sounded better in his head.

This is serious.

She cannot tell which injuries he has. But she can see that he needs help.

Chapter 59
What Anna Cannot See

Jack is awake. He can answer her questions and even attempt a joke.

Anna hopes those are good signs.

But she cannot tell the full extent of his injuries just by looking at him.

She keeps watching him and tells the emergency dispatcher about any changes she notices.

For Jack, her staying beside him matters. He no longer has to face the wait alone.

Chapter 60
Jack Wants to Get Out

“Can you help me out?”

Jack looks at Anna, hoping she can find a way.

She glances at the damaged door, then listens to the instructions coming through her phone.

She does not try to pull him from the seat.

“They’re sending help, Jack. Stay where you are for now.”

He wants to argue. He wants to be anywhere but here.

He feels panicky. He tries to shift, but the pain stops him again.

Anna stays beside him.

He looks at her and answers quietly.

Chapter 61
Keeping Jack Calm and Responsive

Anna keeps talking to him.

“Where were you heading?”

“My parents’ place. For the weekend.”

She listens as he tells her about the drive. Sometimes he pauses, and she gives him time to answer.

When he tries to shift in the seat, she reminds him of the emergency dispatcher’s instructions to stay still.

“Help is coming, Jack.”

He looks towards the road, then back at her.

She watches how he responds and passes any changes to the emergency dispatcher. She cannot take away the pain, but her voice gives him something to focus on while they wait.

Chapter 62
The Information Jack Can Provide

Anna passes on the questions from the emergency dispatcher.

“Was anyone else in the ute?”

“No. Just me.”

Jack tells her his age and where he hurts. When she asks what he remembers, he describes seeing the tree.

After that, he cannot put everything in order. His next clear memory is sitting in the damaged ute.

Anna tells the emergency dispatcher what he has said. She does not try to fill in the gaps.

Jack answers what he can.

Chapter 63
Jack's Condition Begins to Change

Anna notices that Jack is taking longer to answer.

"Jack?"

He looks at her.

"I feel worse."

His mouth is dry. He feels weak and light-headed, and he cannot find a comfortable position in the seat.

Anna tells the emergency dispatcher what has changed and follows the instructions she is given.

She keeps watching Jack and talking to him.

He listens for the sirens.

Chapter 64
Emergency Responders Arrive

Jack hears the sirens before he sees anyone.

“They’re here,” Anna tells him.

Vehicles stop nearby. Doors open, and people approach the ute carrying equipment.

A paramedic comes into view.

“Jack, I’m here to help you.”

Anna tells them what Jack has said and what has changed while she has been beside him.

The responders work within a coordinated incident management structure. The rescue team checks scene safety, stabilises the vehicle and prepares safe access, working with the paramedic caring for Jack.

Jack hears questions, instructions and people working.

He still hurts. He is still trapped.

But now there are people who know how to help him.

Sources: 1, 20

Chapter 65
Jack's First Clinical Assessment and Vital Signs

The paramedic's initial assessment focuses on identifying and treating immediate threats to Jack's life. His airway, breathing and circulation are assessed, including looking for evidence of significant bleeding or circulatory compromise. Vital signs and neurological status are assessed from the outset, alongside the mechanism of the collision.

Jack is conscious and able to respond. That is useful information, but it does not establish that he is medically stable.

The severe collision, reported brief loss of consciousness, chest and abdominal pain, significant lower-body pain, entrapment and repeat vital signs showing deterioration create concern for serious multisystem trauma.

Jack's Vital Signs

The paramedic continues obtaining objective information about Jack's condition. His heart rate, respiratory rate, breathing, blood pressure and oxygenation are assessed. His level of consciousness is repeatedly reassessed, while his skin colour, temperature and overall appearance provide additional information.

Jack's heart rate may be elevated. His breathing may be faster than normal and his skin may appear pale, cool or clammy. A single apparently reassuring measurement does not exclude serious injury.

The paramedic considers Jack's observations alongside his symptoms, physical findings, crash mechanism and how his condition changes over time.

Chapter 66
Jack's Head Injury

The paramedic assesses how alert Jack is, his responses and his orientation, and asks what he remembers.

Jack remembers seeing the tree. Then there is a gap. His next clear memory is waking inside the vehicle.

This history, combined with the substantial acceleration, deceleration and rotational forces involved in the collision, raises concern for traumatic brain injury. Jack's neurological condition requires continued reassessment.

Being conscious and able to speak does not rule out a significant brain injury.

Chapter 67
Managing Jack's Pain

Jack is in substantial pain. His lower-body injuries hurt when he attempts to move, his chest wall pain makes deeper breathing painful and his abdomen is becoming increasingly uncomfortable.

Pain management becomes an important part of his care. At the same time, the paramedic continues monitoring Jack's breathing, circulation, neurological condition and overall status.

Managing Jack's pain is not separate from his trauma care. It is part of caring for him while the team works to understand and respond to injuries that cannot yet be fully diagnosed at the roadside.

Chapter 68
Jack Is Still Trapped

The distorted driver's door and intruding footwell physically confine Jack. His injuries also prevent him from getting out safely himself. Both the damaged structure and his medical condition must be considered.

The rescue team and paramedic assess Jack and the vehicle together. His medical condition determines the extrication pathway and urgency, with the plan reassessed as his condition changes. Roof removal is one option, rather than an automatic choice.

Jack can see only part of the coordinated work around him, but he can hear almost everything. After the eerie quiet of the rural roadside, that is about to change.

Chapter 69
The Sound of Rescue

Rescue equipment is positioned around the vehicle and hydraulic rescue cutters and spreaders are brought into use. Jack hears the machinery begin working against the damaged structure. The sounds are loud and unfamiliar. Metal strains, glass breaks and tools engage with the vehicle as emergency services personnel progressively cut, spread and move sections of damaged metal to create space around him.

Jack feels the vibrations travelling through the vehicle. The utility he drove to work that morning is now being physically dismantled around him. He cannot always see what is happening, but he can hear it and feel it. After the eerie quiet

that followed the collision, the sudden intensity of the rescue operation is confronting.

Throughout the extrication, the paramedic remains focused on Jack, monitoring his condition, managing his pain and talking him through what is happening around him. The paramedic explains the unfamiliar sounds where possible and reassures Jack that the rescue team is creating the space needed to safely free him.

The noise is frightening, but it also means something important: they are creating a way to get him out.

Chapter 70
Protecting Jack During the Extrication

The rescue team checks for airbag hazards, undeployed supplementary restraint systems (SRS) and fuel leaks, and manages the risks before and during the work.

Protective shielding or coverings are placed where needed between Jack and broken glass, sharp metal or cutting operations. Sharp edges and glass are managed, and the vehicle remains stabilised. His face and body are protected while the paramedic retains access to monitor and treat him.

Throughout the extrication, the rescue team and paramedic coordinate their work. Jack's breathing, circulation, neurological condition, pain and overall status continue to be monitored. Changes in his condition may require changes to the rescue plan.

The team works systematically and in a timely manner to free Jack while avoiding further injury.

Chapter 71
The Roof Is Removed

Following assessment of Jack's condition and the vehicle, the team determines that roof removal will provide the safest and most controlled extrication pathway in his case. The roof structure is progressively released.

Jack hears cutting around him as metal is separated and equipment moves from one area of the vehicle to another. There are sudden changes in noise, followed by more cutting. He feels vibrations through the damaged structure while the paramedic remains close, continuing to monitor and reassure him.

Eventually, the released roof section begins to move. Emergency services personnel carefully lift it away from the passenger compartment.

For the first time since the collision, the confined space around Jack opens. Above him is no longer the interior roof of the utility.

He can see the evening sky. After being trapped inside the damaged cabin, that change feels enormous. Removing the roof has created the access needed to reach him more effectively, but Jack is still seriously injured and his rescue is not yet complete.

Chapter 72
A Different Sound Approaches

While the rescue operation continues, another sound begins building in the distance. At first, Jack may not recognise it over the equipment operating around him. Then it becomes unmistakable.

A helicopter. A rescue helicopter has been dispatched because of Jack's condition, the nature of the collision and the rural location. A suitable landing area has been identified further along the road.

Jack hears the rotor noise grow louder. The helicopter passes overhead and then descends, landing up the road from the crash scene.

The helicopter brings a critical care team as well as transport. At Jack’s side, the road paramedic hands over to the Critical Care Flight Paramedic, explaining his condition, observations and treatment. The flight team takes over his clinical care. For Jack, another link in the chain of care has arrived.

Chapter 73

Jack Is Freed

Eventually, sufficient space has been created to remove Jack. This is not the end of his emergency care, but it is the end of his entrapment.

Jack is carefully transferred from the damaged driver's compartment while the Critical Care Flight Paramedic continues monitoring and caring for him.

For the first time since the collision, Jack is outside the utility. He catches sight of the vehicle and sees the extent of the damage from a completely different perspective.

The front structure is severely damaged, the bonnet is buckled, the windscreen is extensively cracked and a side window is shattered. The driver's compartment is distorted, the roof has been moved during his rescue, and glass, fragments and debris surround the crash area.

It is difficult for Jack to reconcile what he is seeing with the vehicle he had been driving home in less than an hour earlier.

Then his attention is drawn elsewhere. The helicopter is waiting further along the road.

Chapter 74
From the Roadside to the Helicopter

Jack is transferred away from the immediate crash scene towards the waiting rescue helicopter. His care does not stop during the movement. The Critical Care Flight Paramedic and flight crew continue caring for him, monitoring his condition and supporting his injuries for transport.

The helicopter Jack heard approaching while he was still trapped is now waiting to take him to hospital.

The rotor noise grows louder as Jack is brought towards the aircraft.

Chapter 75
His Family Is Contacted

Anna does not know Jack personally. Another local person who stops at the scene recognises the ute and knows his family.

His parents are contacted. They are told that Jack has been involved in a serious crash, that emergency services are with him and that he is being taken to hospital.

They begin making their way there.

Chapter 76
The Flight to Hospital

The helicopter lifts away from the road. Inside, the rotor noise surrounds Jack as the Critical Care Flight Paramedic continues caring for him.

He has spent so long trying to get out of the ute. Now he is out, but he has no control over where he goes or what happens next.

“Do my parents know?”

The Critical Care Flight Paramedic tells him they have been contacted and are on their way to the hospital.

Jack hears that they are on their way. His eyes fill, and for a moment he says nothing.

The Critical Care Flight Paramedic stays beside him, explaining what is happening as his care continues.

Jack listens as best he can. He is tired, sore and relieved that someone else is taking care of things.

Somewhere below, his parents are making their way to the same place.

Part Six
Hospital Care

Chapter 77
Arrival at Hospital

The helicopter lands. Jack is moved into the hospital, leaving the rotor noise behind.

Bright lights pass overhead. Doors open, and unfamiliar faces come into view.

Jack hears voices around him, but there is too much to take in.

Someone speaks directly to him, explaining where he is and what will happen next.

His parents are on their way. For now, he listens to the voice beside him as he is taken into the emergency department.

Chapter 78
The Resuscitation Room

Jack is brought into a room where people are already waiting for him.

The Critical Care Flight Paramedic hands over to the hospital team in the resuscitation room, explaining what happened, Jack’s condition and the care he has received.

Jack hears parts of the conversation as the team begins its assessment.

Someone introduces themselves. Others begin working around the bed, speaking to him and to each other.

He hears questions, footsteps and equipment being moved. A monitor beeps nearby. There is more happening than he can follow.

“Jack, can you tell me where it hurts?”

He answers again. His legs. His chest. His abdomen.

When someone explains what they are about to do, he listens. Knowing what is coming makes the next moment a little easier.

He watches the faces above him, looking for someone who will tell him what all of this means.

Chapter 79
He Can Hear Them, but He Cannot See Them

Jack cannot freely turn his head. He has been asked to keep it still while his neck is supported.

He hears people beside him, but cannot always see who is speaking. Faces come into view, then move away again.

Someone tells him what they are about to do before touching him. He listens closely.

A machine sounds nearby.

“What’s that?”

Someone explains, and he has one less thing to wonder about.

There is plenty happening beyond his view. The voices that speak directly to him help him follow it.

Chapter 80
Jack Hears His Story Being Told

Jack thinks about the handover he has just heard in the resuscitation room.

Jack catches parts of it. The ute. The tree. Being trapped. The pain. The treatment he has received.

He remembers the questions and the Critical Care Flight Paramedic's answers.

It is strange hearing his journey described by someone else. He remembers trying to reach his phone and waiting for a car to stop. Now those moments are part of the information being passed around his bed.

He wants to know what they mean for him.

How badly am I hurt?

Chapter 81
The Questions Begin Again

"Can you tell me your name?"

"Jack."

His age. What happened. Where it hurts.

He has answered some of these questions already, but he answers again.

When they ask what he remembers, he tells them about the tree. After that, there are gaps.

He hears unfamiliar words in the conversations around him. Sometimes he catches one he knows and waits to hear what follows.

“Can someone tell me what’s happening?”

A member of the team comes into view and explains what they are checking.

Jack listens. He does not need every medical term. He needs to know what happens next.

Chapter 82
The Hand He Remembers

Someone takes Jack’s hand for a moment.

He cannot easily see who it is. There are still voices around him, questions being asked and equipment sounding nearby.

“I’m here, Jack.”

The voice is close and calm.

He holds on.

Nothing else in the room stops. The team keeps working, explaining what is happening.

He does not catch their name.

Later, there will be parts of this night he struggles to remember. This moment stays with him: the hand around his, the quiet voice, and the relief of having someone there.

Chapter 83
Looking for the Injuries That Cannot Be Seen

The roadside assessment identified that Jack was seriously injured, but the crash scene could not reveal the full extent of what had happened inside his body. Hospital assessment and diagnostic imaging now begin building a more complete picture.

Jack's injuries are considered together with the mechanism of the collision, the deformation of the vehicle, his symptoms, physical examination, observations and how his condition has changed since the crash.

Blood tests provide additional information. Imaging can help identify injuries that are impossible to diagnose simply by looking at Jack from the outside. His head, neck, chest, abdomen, pelvis and injured limbs may all require investigation according to the clinical findings and decisions of the treating team.

The collision lasted only seconds, but determining everything those seconds have done to Jack takes considerably longer.

Sources: 1, 31, 32

Chapter 84
The Injuries Become Visible

The investigations begin to explain why Jack feels the way he does.

His chest pain is consistent with the chest injuries constructed for his scenario, including fractured ribs and injury to lung tissue. His abdominal symptoms lead to identification of his liver injury and internal bleeding. His

severe lower-body pain is explained by his orthopaedic injuries, including a fracture of his right tibia (shinbone).

His reported loss of consciousness and memory gap remain important when his head injury is assessed. His cervical spine has also been exposed to substantial forces during the collision and is assessed accordingly.

These injuries do not exist independently of one another. Jack's body has experienced a high-energy collision, and the hospital team must understand the combined effect of multiple injuries rather than viewing each one in isolation.

For Jack, there is now an explanation for something that confused him inside the vehicle. He had felt seriously injured but could see comparatively little blood.

Much of the damage was hidden.

Sources: 1, 31, 32

Chapter 85
Internal Bleeding

One of the most important findings is the injury inside Jack's abdomen.

Internal bleeding is different from the type of bleeding most people immediately associate with injury. There may be no large external wound and no pool of blood visible around the patient.

The blood remains inside the body.

That is why Jack could look down at himself after the collision, see relatively little external bleeding and still be seriously injured.

His increasing thirst, weakness, pallor and other changes after the collision were not simply signs that he was frightened. They formed part of a much larger clinical picture that required assessment and investigation.

This is an important lesson from Jack's story: what can be seen from the outside does not always show the seriousness of what is happening inside.

Chapter 86
Decisions Have to Be Made

Once Jack's injuries are better understood, the hospital team must decide what requires immediate intervention, what requires close observation and what can be managed after the most urgent threats have been addressed.

The priorities can change as new information becomes available. An imaging result, blood test, change in blood pressure, worsening pain or change in consciousness can alter what happens next.

Jack sees only parts of this decision-making. He hears conversations beside him and in the corridor. People leave and return. Information is discussed. Plans are made.

For Jack and his family, this may feel uncertain.

For the hospital team, it is the process of turning hundreds of pieces of information into decisions about Jack's care.

Chapter 87
His Parents Arrive

Someone tells Jack his parents have arrived.

“Can I see them?”

They are waiting nearby while the team continues caring for him. When the team can arrange it, they are brought to see him.

He watches their faces. He has been waiting to see them, but now he is not sure what to say.

“Hi.”

His mum comes closer. His dad asks how he is feeling.

“Sore.”

There is much more to explain, but neither expects him to do it all now. They stay beside him and listen as a member of the team tells them what is known so far.

For a while, Jack lets them ask the questions.

Chapter 88
The First Night

Jack had expected to spend the evening with his mates. Instead, he is watching the hours pass from a hospital bed.

People come and go. They check on him, ask questions and explain what happens next. He tries to listen, but it is a lot to take in.

His parents know where he is. He no longer has to wonder whether someone will find him.

Now he has different questions.

How long will I be here? When can I go home? What about work?

He asks some of them aloud. Others he keeps to himself.

There are answers the team can give him tonight and others that will take longer.

For now, he wants the pain to ease and someone to tell him what the next few hours will involve.

Chapter 89
Survival Is Not the End of the Story

Jack is alive. For the people waiting to hear how he is, that is the first thing that matters.

For Jack, it is the beginning of finding out what comes next.

He wants to get out of bed, go home and return to work. He wants his ordinary life back, including the parts he used to complain about.

But leaving the crash scene has not left the injuries behind. There is treatment ahead, time to heal and much he does not yet understand.

The crash happened in seconds.

Getting back to his life will take longer.

Part Seven
Recovery

Chapter 90
The Days After the Crash

Jack begins learning the rhythms of hospital life. Meals arrive, people check on him, and sleep comes in between.

His phone is back within reach. Messages from his mates give him something familiar to read.

He wants to reply properly, but some days a few words are enough.

Things he used to do without thinking now take planning. Getting comfortable, sitting up or reaching for something can mean asking for help.

“Can you pass me that?”

It is a small request. Having to make it so often wears on him.

His humour still turns up. So does his impatience.

He wants to know when he can go home.

Sources: 8, 9, 10

Chapter 91
His Family Becomes Part of the Recovery

His parents visit, bringing things from home and news from outside the hospital.

They listen when the team explains what happens next. Sometimes Jack asks them to go over it with him afterwards.

He appreciates having them there. He also wants to do more for himself.

When his mum reaches for something he needs, he says, “I can get it.”

Then he tries.

Sometimes he can. Sometimes he has to ask her after all.

They are all learning when to help and when to give him time.

Jack is still Jack. He has opinions about most things, including how much looking after he requires.

Sources: 8, 9, 10

Chapter 92
The First Steps Towards Mobility

Jack asks what he needs to do before he can go home.

The answer involves things he once did without thinking. Getting out of bed. Moving safely. Managing the everyday tasks waiting for him outside hospital.

He listens to the instructions, then has a go with the help he needs.

It takes longer than he expects.

He wants to get on with it. The person helping him reminds him that there is no prize for rushing.

“Would’ve been good to know before I entered.”

The joke comes more easily than the movement.

But he is trying. For now, that is where he starts.

Sources: 8, 9, 10

Chapter 93
Pain Does Not End When the Crash Ends

The collision itself lasted seconds, but Jack's pain continues long after the vehicle has stopped moving. Different injuries produce different experiences. His ribs may hurt with breathing and movement, his lower-body injuries can cause substantial pain during rehabilitation, and healing tissue can remain tender, stiff or uncomfortable. Sleep may also be interrupted because finding a comfortable position is difficult.

Pain can affect mood, concentration and energy as well as physical movement. Jack begins learning that recovering from serious trauma is not simply a matter of being strong enough to tolerate discomfort. Effective pain management is part of helping him breathe properly, sleep, move, participate in rehabilitation and regain function.

Sources: 11, 31

Chapter 94
The Brain Injury Is Less Visible

Some of Jack's injuries can be seen on scans or X-rays. Others are less obvious to the people around him. His traumatic brain injury may affect his concentration, memory, ability to process information, physical and mental energy levels, balance, sleep or ability to manage his emotions. These effects can vary throughout the day. Jack may appear relatively well during a short conversation and then become exhausted afterwards, especially after a lot of mental effort.

That can be difficult for Jack and for other people to understand. A healing leg provides obvious evidence that something is wrong. Cognitive fatigue does not. Jack may have to learn to recognise his limits and gradually rebuild activity rather than forcing himself back into his previous routine too quickly.

Sources: 11, 31

Chapter 95
The People Around Jack in Hospital

Jack meets a lot of people. Remembering everyone's name is another matter.

Some he sees once. Others become familiar faces, checking on him, helping him and answering the questions he thinks of after the last person has left.

He begins to recognise who is coming through the door.

"You again."

"Me again."

It is easier to ask for help when he knows the person beside him. He can admit that something hurts, that he did not understand an explanation or that he is worried about going home.

He appreciates people telling him what they are doing and giving him time to answer.

He also appreciates anyone who can take a joke. He has had plenty of time to think of new ones.

Sources: 11, 31

Chapter 96
Getting Ready to Go Home

Jack has been asking when he can leave. Now that going home is being discussed, he has a few more questions.

What will he be able to do? Who does he call if something is wrong? When does he need to come back?

The team goes through the plans with him. His parents listen too, and Jack asks them to help keep track of the details.

There are appointments, instructions and things he will need at home. He wants to understand them, even if he would rather the list were shorter.

He is looking forward to familiar surroundings and fewer interruptions.

He also knows that, in hospital, help has been close by whenever he needed it.

Going home is what he wants. He wants to feel ready for it too.

Sources: 8, 9, 10

Chapter 97
Jack's General Practitioner and Primary Care

Back in the community, Jack's general practitioner can become one of the few clinicians able to see the whole recovery rather than one particular injury. The GP can review pain, sleep, fatigue, medication, wound or injury progress, concussion symptoms, mood, anxiety and the practical effect of recovery on Jack's daily life. The GP can also coordinate referrals and communicate with hospital specialists, rehabilitation providers and other services when concerns emerge.

For Jack, this continuity is particularly important because different problems may become more or less visible at different times. A symptom that seemed minor during hospitalisation may become more important when he tries to resume ordinary life. Equally, a physically healed injury does not necessarily mean Jack has recovered his confidence, stamina or cognitive capacity.

Sources: 12, 13

Chapter 98
Physiotherapy: Rebuilding Movement and Confidence

As Jack's injuries heal, physiotherapy becomes increasingly connected to the life he wants to regain. Treatment is not simply about completing exercises. Jack needs sufficient strength, balance, endurance and movement to walk confidently, manage uneven rural ground, climb stairs, carry equipment and eventually perform the physical tasks required in his occupation.

Progress is measured against Jack's goals and safety, not against somebody else's timetable. Pain, fatigue and cognitive symptoms may fluctuate. A patient-centred physiotherapy relationship allows Jack to describe what matters to him, understand why particular activities are being introduced and participate in decisions about progression.

Sources: 8, 9, 10, 11, 12

Chapter 99
Occupational Therapy: Returning to Everyday Life

Occupational therapy brings Jack's recovery into the places where he actually lives and functions. The question becomes not only what his body can do in a clinic, but whether he can safely and independently manage the activities that give his life structure and meaning.

For Jack, that may include showering, dressing, preparing food, managing a daily routine, travelling to appointments, pacing activity around cognitive fatigue and eventually considering the demands of electrical work. His job requires tools, ladders, confined spaces, driving, concentration and judgement. Returning safely requires attention to both physical and cognitive function.

Sources: 8, 9, 10, 11, 12

Chapter 100
Going Home Is Another Beginning

Jack stays with his parents while he recovers.

It is familiar, but being there feels different from arriving for a weekend. This time, he has appointments to keep and help

to arrange before he can think about getting back to his place in the city.

He is pleased to be out of hospital. He would also like everyone to stop asking whether he needs anything.

Then he needs something.

His phone charger is across the room. He looks at it, considers the effort involved and calls out.

“Mum?”

Some days, independence begins with getting his own charger. Other days, he accepts the help.

Sources: 8, 9, 10

Chapter 101
Rural Recovery

An appointment can take up most of Jack’s morning before he has spent much time with anyone treating him.

There is the drive, somewhere to park and the wait to be called. Then the journey back.

His parents help with transport. Jack appreciates it, but he misses being able to grab his keys and go.

He checks appointment times against the calendar and asks whether any visits can be arranged for the same day.

Some appointments can happen by phone or video. Others mean another trip.

He is learning that getting to care takes time and energy too.

Sources: 10, 11, 26

Chapter 102
Returning to Work

Jack misses work. He had not expected to miss the early starts, but he would take one over another morning wondering what to do with himself.

His workmates keep in touch. He wants to hear about the jobs, who is working with who and whether anyone has finally replaced him as the worst singer.

He also wants to know when he can come back.

The plan is worked out with his employer and the people supporting his recovery. It has to fit what he can safely manage.

Jack has his own ideas about that. He listens to theirs too.

When he does return, it may mean different duties or shorter days at first.

He is looking forward to having somewhere to be and a reason to put his work clothes on again.

Sources: 12, 13

Chapter 103
Getting Back Into a Vehicle

Jack has spent plenty of time in passenger seats on the way to appointments. It does not always feel like the ordinary thing it used to be. Sometimes waves of fear come over him.

Sometimes he watches the road more closely than he wants to, fearful of anything that may cause a crash. A sudden stop can leave him tense long after the vehicle has settled.

He does not always mention it. On other days, he asks the driver to take it easy or closely monitors how they are driving.

He misses driving himself. He wants the freedom of going somewhere without organising a lift, but he is anxious about getting behind the steering wheel again.

Returning to driving will depend on being medically cleared. When that time comes, he may need help rebuilding his confidence too.

“Easy, mate. We’re not qualifying for anything.”

Jack tries to make it sound like a joke. His mate is going a little faster than he is comfortable with, and he can feel his heart pounding in his chest. He is still recovering from the crash, and being back on the road takes some getting used to.

Sources: 14, 24, 25

Chapter 104

The Crash Does Not Stay at the Roadside

Jack does not think about the crash all the time.

Sometimes it comes back when he is doing something ordinary, as unwanted reminders or distressing images from the crash. He remembers the phone on the floor, the door that would not open and listening for a car to stop.

He remembers Anna too. Her voice beside the ute. The relief of being able to answer someone.

There are other faces and voices from that night, some clearer than others.

When a mate asks how he is getting on, Jack talks about how his leg is healing, his appointments or his plans to return to work.

Some days, there is more he wants to say. He is still finding the words.

Sources: 14, 24, 25

Chapter 105

Psychological Recovery and Wellbeing

Jack’s psychological recovery deserves the same attention as his physical recovery. He has experienced a sudden high-energy collision, losing control of his vehicle, being trapped in the wreckage, uncertainty about whether he would be found, a noisy extrication, emergency transport and serious injury. Any one of those experiences can be frightening; together they form a significant traumatic event.

People respond to trauma differently. Jack may experience distressing memories, disturbed sleep, heightened alertness, anxiety in vehicles, irritability, low mood, difficulty concentrating or avoidance. These experiences are not uncommon in the first few weeks as people process what has happened, and for many survivors they naturally settle and pass. For some people, however, symptoms persist or become severe and require specialised assessment and treatment. If this happened to Jack, an assessment could help determine whether he had developed post-traumatic stress disorder (PTSD) and what support he needed.

A 2025 University of Otago-led study received responses from 203 major-trauma patients treated at Christchurch Hospital, representing a 24 per cent response rate. Of these respondents, 37 (18 per cent) screened positive for probable PTSD, an average of 2.75 years after injury. This is a finding among study respondents, not a national prevalence estimate.

Younger age, an initial Glasgow Coma Scale below 15 and vehicle-related trauma were associated with greater risk in that study.

Two related 2026 studies examine gaps in assessment and treatment after major trauma. Quinn and colleagues studied under-diagnosis and under-treatment of probable PTSD. Logan and colleagues examined difficulties accessing follow-up care and navigating ACC support. These findings strengthen the case for asking about psychological wellbeing and making follow-up easier to access. They do not predict Jack's individual outcome.

For Jack, patient-centred psychological care means somebody asks. His GP, rehabilitation clinicians, nurses or other members of the team can enquire about sleep, mood, anxiety, intrusive memories, confidence, driving and how the crash is affecting relationships and everyday life. Where concerns arise, Jack can be offered appropriate assessment, information and referral to a psychologist, therapist or trauma-informed practitioner.

Timing matters. Jack may struggle immediately, or difficulties may become clearer months later when appointments become less frequent and other people expect life to have returned to normal. Psychological recovery sits across the entire continuum rather than at the end of it.

Research basis: Jemberie et al. (2025), Injury 56(9):112591; Quinn et al. (2026), Injury 57(5):113077; and Logan et al. (2026), ANZ Journal of Surgery 96(9):2353-2360. Full publication details are listed in the references.

These studies describe groups of major-trauma survivors. Jack's recovery remains a fictional journey, with psychological support guided by his changing needs.

Sources: 24, 25, 26

Chapter 106
Months Later

The group chat is making weekend plans again. This time, Jack is working out what he can join in with.

He still has appointments. Some days take more out of him than he expects, and he cannot always do everything he wants.

But he is doing more for himself. Ordinary things are becoming ordinary again.

His mates still give him grief. He gives it back. When someone asks how he is getting on, he has more to talk about than his injuries.

There are plans for work and getting back to his place in the city. He is finding out what he can manage and asking for help when he needs it.

Then a familiar song comes on.

Jack knows every word.

His mates are pleased to report that his singing has not improved.

Sources: 24, 25, 26

Chapter 107
The People Jack Remembers

Jack does not say much about the crash at first. His parents encourage him to talk when he feels ready, without expecting him to tell the whole story at once.

When he does, he mentions people.

Anna, who noticed the ute and stopped. The paramedic who stayed with him. The person who took his hand in hospital.

He does not remember every name. Some conversations are clearer than others.

But he remembers what it meant to hear a voice beside him when he could not get himself out. He remembers people explaining what they were doing instead of leaving him to guess.

There are people helping him now, too. Some he sees at appointments. Others turn up with a lift, something to eat or an afternoon to spend with him.

Jack still likes to remind his mates when he has done them a favour.

Lately, they have a few reminders of their own.

Sources: 24, 25, 26

Chapter 108
What Recovery Really Means

Jack wants his life back. At first, that means going home. Then it means doing more for himself, seeing his mates and making plans he can follow through on.

Progress is not always something that shows up at an appointment. Sometimes it is managing an ordinary task without asking for help. Sometimes it is having enough energy left to enjoy the afternoon.

He still has things to work towards. He is also beginning to notice how much he can do compared with those first days in hospital.

There are people beside him, but he has a say in where he wants to go next.

His mates are already discussing another weekend.

Jack has a few suggestions. Before long, the group chat is back to debating who is organising what.

Sources: 8, 9, 10

Evidence Notes

Developing Jack’s Injury Profile

Jack’s proposed injuries draw on published trauma research and clinical knowledge about injuries that can occur in serious vehicle collisions.

The combination of injuries must be reviewed against the agreed crash circumstances, vehicle damage and restraint systems. An injury being possible does not establish that it would occur in this particular crash.

Jack’s injury profile is fictional. It does not recreate an individual patient’s experience or predict another person’s outcome.

Why Injuries Vary

Crashes that look similar can produce different injuries. Impact speed and direction, vehicle structure, restraints and the person’s position can all change how forces act on the body.

Jack’s story presents one possible outcome. It does not suggest that another person in a similar crash would have the same injuries or recovery.

The Fictional Experience

Jack’s thoughts and conversations are fictional. They illustrate one possible experience of road trauma, rather than suggesting that everyone thinks, feels or responds in the same way.

Care Across the Journey

Jack’s journey connects prevention, emergency response, hospital care, primary care, rehabilitation and psychological recovery. His needs can change, and care needs to respond to the whole person rather than treating each stage as an isolated event.

Clear information, coordinated care and opportunities for Jack to ask questions and contribute to decisions matter throughout his recovery.

Disclaimer

Jack is fictional, and the images in this book are generated using artificial intelligence. Some of the written content was also developed with the assistance of artificial intelligence. He does not depict or recreate an identifiable person, patient, road-crash survivor or individual crash. His story is not based on any individual's lived experience.

Published research and New Zealand data inform the issues explored. Jack's personality, conversations, circumstances, injuries, treatment and recovery have been constructed for public education. His story illustrates one possible road-trauma journey; it is not documentary material, individual medical advice or a prediction of another person's injuries, treatment or recovery.

Some readers may find parts of Jack's story distressing or may be reminded of their own experiences. If you feel affected or concerned, consider speaking with someone you trust or a health professional.

Image Use

Approved campaign images may be used for public education and editorial purposes with acknowledgement of the National Road Trauma Centre. They must be used in context and must not be altered, misrepresented or presented as depicting a real person or an actual crash.

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38 distinct listed sources. Source numbers identify supporting context, not measurements of Jack's fictional crash. The iations remain subject to peer review.

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Glossary

Key terms used throughout Jack and the wider road trauma journey are explained below.

Acute care. Immediate hospital-based treatment for serious illness or injury, including assessment, stabilisation, surgery and intensive care when required.

Artificial intelligence. Computer-based technology that can generate or analyse content. In Jack, it supports visual storytelling rather than replacing the evidence base.

Bystander. A person who is present at or first discovers a crash and may call 111, provide information, offer reassurance or assist when it is safe to do so.

Cognitive recovery. Recovery of functions such as attention, memory, ability to process information, planning and concentration following injury.

Collision forces. The rapid changes in speed and direction during a crash that transfer energy to a vehicle and its occupants.

Continuum of care. The connected sequence of prevention, emergency response, hospital care, rehabilitation, primary care and longer-term recovery.

Emergency response. The coordinated actions taken after a crash by emergency dispatchers and emergency services to locate, assess, rescue, treat and transport injured people.

Evidence-informed. Guided by the best available research, data, professional knowledge and lived experience, while recognising uncertainty and the limits of available evidence.

Extrication. A systematic, timely process of freeing a person from a vehicle while avoiding further injury. The person's medical condition guides the pathway and urgency. Physical entrapment means the damaged vehicle structure confines the person. Injury (medical) entrapment means injuries prevent safe self-extrication, even where an exit is available; moving the person may cause further harm. Both can occur together, as in Jack's case.

Fatigue. Reduced alertness or performance caused by tiredness, insufficient sleep, long periods awake or demanding activity.

First responder. A person or service among the first to reach an emergency, including Police, Fire and Emergency New Zealand and ambulance personnel.

Human vulnerability. The physical limits of the human body and its limited ability to tolerate the energy transferred during a serious collision.

Integrated care. Care in which services and professionals communicate and work together around the person's changing needs.

Major trauma. A serious injury or combination of injuries that may threaten life, cause long-term disability or require complex specialist care.

Microsleep. A brief, unintended episode of sleep or loss of alertness that may last only a few seconds and can occur without the person realising it.

Patient-centred care. Care that places the injured person and their whānau at the centre of decisions and responds to their needs, goals, circumstances and preferences.

Physical rehabilitation. Assessment and treatment aimed at rebuilding movement, strength, function, endurance and confidence after injury.

Post-crash care. The full range of actions after a collision, from discovery and emergency response through treatment, rehabilitation and longer-term support.

Prehospital care. Clinical assessment and treatment provided before a patient reaches hospital, including roadside care and care during transport.

Primary care. Community-based healthcare, often led by a general practitioner, that supports ongoing treatment, monitoring, referrals and coordination.

Psychological recovery. The process of adjusting emotionally and mentally after trauma, which may include managing fear, distress, anxiety, grief or trauma-related symptoms.

Public health campaign. A coordinated initiative designed to improve population understanding, influence attitudes and support actions that reduce harm and improve wellbeing.

Road trauma. The physical, psychological, social and practical harm caused by a road crash, including its effects on injured people, bereaved families, whānau and communities.

Rural trauma. Trauma occurring in a rural or remote setting, where distance, discovery time, transport and access to specialist services may influence the response and recovery journey.

Safe System. A road-safety approach that accepts people make mistakes and seeks multiple protective layers so those mistakes do not result in death or serious injury.

Serious injury. An injury with substantial consequences that may require hospital treatment, rehabilitation or ongoing support. Its precise definition can vary between datasets.

Survivability. The likelihood that a person can survive a crash and their injuries, influenced by collision forces, protection, injury patterns, discovery and timely care.

Trauma registry. A structured collection of information about seriously injured patients used to understand patterns, monitor outcomes and improve trauma care.

Traumatic brain injury. An injury to the brain caused by an external force. Effects may involve physical, cognitive, emotional or behavioural changes and may not always be immediately visible.

Whānau. Family and wider networks of support whose lives may also be affected by a person's injury, treatment and recovery.

Introducing Jack

Jack is twenty-four, an electrician, and firmly believes knowing every word to a song is the same as being able to sing it. His mates have explained the difference. He has chosen to ignore them.

He lives in the city, works hard, and likes having plans for the weekend. He is the mate who turns up when you need a hand, then reminds you about it whenever you question his judgement.

This afternoon, he is heading back to the family farm for the weekend after a long day. He has been chatting with a mate about the weekend. Now the call is over, the music is up, and he is giving the chorus everything it probably does not need.

He is fifteen minutes from home and feeling tired. He takes another sip of coffee and winds down the window. He knows this road. He will be home soon. Then a brief microsleep changes everything.

When Jack comes round after the impact, the door will not open. His phone is visible but out of reach. For twelve minutes, he waits, wondering whether anyone knows he is there. Then he hears footsteps. Someone has stopped.

What follows is a journey through rescue, hospital and recovery, with strangers he will remember, mates who do not quite know what to say, and ordinary tasks that suddenly ask a lot of him. His sense of humour still makes an appearance. His independence takes longer.

Months later, the weekend plans are starting up again. Getting there is a story of its own.

"Behind every road-crash statistic is a human life, and the people who hold it close. Jack's story brings that reality to life, reminding us that road trauma is never just about the crash, but the deeply personal consequences that follow." **- Jordan Smith**

