

A Perilous Breakdown

Category: Motor Vehicle Accidents

written by Lisa Sampson | March 10, 2026

It was late afternoon on the day of the winter solstice in 1983, and my car had broken down on the freeway. The damp, gloomy weather and encroaching darkness were textbook precursors of what was to come. I, and the friend who was with me, had walked to an emergency phone to call for roadside assistance, and we were walking in the emergency lane back to the car when traffic suddenly slowed.

A speeding van swerved into the emergency lane to avoid colliding with the car in front of it—hitting me instead. There was a loud thud as my body dented its bumper. The force of the impact propelled me upward; my forehead smashed the van's windscreen before I ricocheted off the vehicle. My friend watched me fly through the air and land like a rag doll in the grass. The whole event unfolded in seconds.

A nurse driving behind the van stopped to assist. She was checking my vitals when an ambulance pulled up, on its way back to the hospital with no patient aboard. Miraculous timing.

The driver immediately radioed the police, while his partner rushed to my side. Using the Glasgow Coma Scale (GCS), the medic assessed my level of consciousness. He shone a torch into my eyes: my pupils didn't dilate. He pinched me: I didn't flinch. Nor did I respond to his verbal commands. He ranked my GCS at 8/15, indicating severe brain trauma.

They slid me onto a spinal board and lifted me into their ambulance. The nurse hopped in, too. With lights flashing and sirens blaring, the driver expertly navigated the rush-hour traffic.

In the ER, X-rays confirmed leg and pelvic fractures. An ultrasound revealed a collapsed lung, a split liver, bruised kidneys, and a tear in my colon. An emergency CT scan showed a skull base fracture caused by whiplash. The sudden movement had also torn the membrane around my brain, so blood and cerebrospinal fluid were leaking into my ears.

The skilled team of surgeons and nurses decided to perform simultaneous abdominal and orthopaedic surgeries, confident that this would significantly improve my chances of survival and recovery. Hours later, in the ICU, tubes protruded from my body like lifelines—one draining fluid from my lungs, another extending from my bladder, and a third delivering vital nutrients and antibiotics.

Despite the artificial interventions, I lay in peaceful stillness. The only mark on my face was a thin red line down the left side.

The ICU feels like a waiting room. It holds patients teetering on the brink of life and death. That night, I was one of six young people waiting there;

only three of us made it. And my new life began.

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