

# AUTOMOBILE ACCIDENT QUESTIONNAIRE

Patient's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_:\_\_\_\_ a.m. p.m.

## ***THE FOLLOWING QUESTIONS PERTAIN TO YOU AND THE VEHICLE YOU WERE IN:***

### **Your position in the vehicle:**

Driver Front Seat  Drivers Side Rear  Passenger Side Front  Right Rear Seat  Third Seat (rear)

Moving at \_\_\_\_MPH  Accelerating  Slowing/Stopping

### **Vehicle type:**

Car  Pickup  
 Van  Truck  
 Station Wagon  Bus  
 Other \_\_\_\_\_

### **Vehicle size:**

Subcompact  Full-size  
 Compact  Mini  
 Mid-size  Light  
 Heavy  Other \_\_\_\_\_

### **Just Prior To Impact, Your Vehicle Was Doing What?**

Changing Lanes  Driving Straight Down the Road  
 Forward  Sliding Down A Hill  
 Slowing for traffic congestion  Stopped For A Stop Sign  
 Stopped For A Traffic Light  Stopped In Middle of Road Unloading  
 Turning Left at an Intersection  Turning Right at an Intersection

### **Collision Type:**

Driver Side Impact  Head On Collision  
 Passenger Side Impact  Rear Impact  Left  Right  
 Front Impact  Left  Right  Pedestrian Incident

### **Amount of Damage to Your Vehicle:**

Minimum  Totaled  Unsure

Dollar Value \$ \_\_\_\_\_

### **CONDITIONS AT THE TIME OF THE ACCIDENT:**

#### **Road Conditions:**

Covered with Gravel  Covered with Leaves  Damp  
 Dry  Just Started to Rain  Muddy  
 Sandy  Snow Covered  Wet

#### **Visibility:**

Excellent, Bright Sunlight  Excellent, Overcast  Reduced at Dawn  Reduced at Dusk  
 Reduced at Night  Reduced to Fog  Reduced to Rain  Reduced to Snow

**WAS ANOTHER VEHICLE INVOLVED?** Number of Vehicles Involved (other than yours)? 1 2 3 4 5 \_\_\_\_\_

### **Which Vehicle Hit The Other?**

More than one vehicle hit the your (patient's) vehicle.  The other vehicle hit the (your) patient's vehicle  
 The Patient's (your) vehicle hit the other vehicle  Patient's (your) vehicle hit more than one other vehicle.

Other (please explain): \_\_\_\_\_

Was a Police Report Filled?  Yes  No  Unsure

## AUTOMOBILE ACCIDENT QUESTIONNAIRE (Continued)

### PATIENT AT IMPACT:

- Air Bags Deployed       Vehicle Not Equipped With Air Bags
- Patient Lost Consciousness After Injury       Patient Received Emergency Care At The Scene

### Position Of Headrest

- Adjusted High       Adjusted Low
- All the way down       All the way up
- Improperly Adjusted       Properly Adjusted

### Type(s) of Seat Restraint(s), You Were Wearing, If Any:

- A Shoulder Harness Connected to       A Shoulder Harness Only
- Lap Belts Only       No Seatbelts
- Seatbelts With Shoulder Harness       Other: \_\_\_\_\_

### Where Did You Go Immediately After Accident?

- Home       To A Walk-In Emergency Clinic
- To Continue With Your Scheduled Plans       To The Hospital Emergency Room
- To Work       Other \_\_\_\_\_

### Patient (You) was prepared for impact?

- Yes     No

### Driver's Foot On The Brake Pedal At The Time Of Impact?

- Yes     No

### What Was The Position Of Your Head And Neck (At Impact)?

- Down       Down and to the left
- Down and to the right       Level and left
- Up       Straight Ahead
- Other \_\_\_\_\_

## OTHER VEHICLE:

### Vehicle type:

- Car       Pickup
- Van       Truck
- Station Wagon       Bus
- Other \_\_\_\_\_

### Vehicle size:

- Subcompact       Full-size
- Compact       Mini
- Mid-size       Light
- Heavy       Other \_\_\_\_\_

- Moving at \_\_\_\_ MPH     Accelerating     Slowing/Stopping

### Just Prior To Impact, The Other Vehicle Was Doing What?

- Changing Lanes       Driving Straight Down the Road
- Forward       Sliding Down A Hill
- Slowing for traffic congestion       Stopped For A Stop Sign
- Stopped For A Traffic Light       Stopped In Middle of Road Unloading
- Turning Left at an Intersection       Turning Right at an Intersection

### Collision Type:

- Driver Side Impact       Head On Collision
- Passenger Side Impact       Rear Impact     Left     Right
- Front Impact       Left     Right       Pedestrian Incident

### Amount of Damage to Other Vehicle:

- Minimum       Totaled       Unsure

- Dollar Value \$ \_\_\_\_\_