ACCIDENT QUESTIONNAIRE

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Patient's Name_____ Date of Injury_____ Today's Date_____

DESCRIBE YOUR VEHICLE

1. **Vehicle Type:**
   a. Sports Car
   b. Coupe
   c. Sedan
   d. Sports Utility Vehicle
   e. Station Wagon
   f. Pick-up truck
   g. Bus
   h. Other: _____
   Make: _____Year: _____
   Model: _____Estimated Speed: _____

2. **Vehicle Size:**
   a. Compact
   b. Mid-Sized
   c. Full-Sized

DESCRIBE THE ACCIDENT

3. **Date of Accident:** _____

4. **Actions of patient's vehicle:**
   a. crossing an intersection
   b. stopped at an intersection
   c. stopped for a pedestrian
   d. stopped for traffic
   e. traveling at posted speed limit
   f. traveling faster than the posted speed limit
   g. turning

5. **How was the patient's vehicle hit:**
   a. hit head-on
   b. was hit on the left front
   c. was hit on the right front
   d. was hit on the left rear
   e. was hit on the right rear
   f. was rear-ended
   g. Other: _____

6. **Damage to patient's vehicle:**
   a. complete
   b. extensive
   c. minimal
   d. moderate
   e. Body Shop Estimated Damage: _____

7. **Describe the second vehicle:**
   a. compact
   b. full size
   c. mid size
   d. semi trailer
   e. pick-up truck
   Make: _____Year: _____
   Model: _____Estimated Speed: _____

8. **Damage to the other vehicle?**
   a. complete
   b. extensive
   c. minimal
   d. moderate

9. **Weather Conditions**
   a. Clear
   b. Cloudy
   c. Drizzling
   d. Foggy
   e. Rainy
   f. Snowy
   g. Stormy
   h. Sunny

10. **Road Conditions**
    a. Damp
    b. Dry
    c. Dry with icy patches
    d. Iced over
    e. Snowed over
    f. Wet

DESCRIBE THE MOMENT OF IMPACT

11. **Body position at time of impact:**
    a. leaning forward
    b. slouched down in seat
    c. straight
    d. turned to the left
    e. turned to the right

12. **Direction body was thrown:**
    a. backward then forward
    b. forward then backward
    c. to the left
    d. to the right
    e. about the vehicle
    f. outside the vehicle
    g. under the vehicle

13. **Head position at impact:**
    a. straight
    b. tilted forward
    c. turned to the left
    d. turned to the right

14. **Direction head was thrown:**
    a. backward then forward
    b. forward then backward
    c. side to side

15. **Type of restraint:**
    a. lap belt
    b. shoulder belt
    c. shoulder lap belt

16. **Place patient was seated in the vehicle:**
    a. Driver
    b. front passenger
    c. back passenger driver side
    d. back passenger right side
    e. back passenger middle
    f. other _____

17. **Did Airbags deploy:**
    a. yes
    b. no

18. **Were you seen at a Medical Facility following your accident:**
    a. yes
    b. no
    If so name and address of the facility:
    _____
    _____

Patient Signature _____