

ACCIDENT QUESTIONNAIRE

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

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 _____