

1. What was the date of the accident? \_\_\_\_\_
2. What time did the accident occur? \_\_\_\_\_
3. How many vehicles were involved in the accident? \_\_\_\_\_
4. What was the estimated damage to the vehicle you were in? \_\_\_\_\_
5. What state did the accident occur in? \_\_\_\_\_
6. What city did the accident occur in? \_\_\_\_\_
7. What street or intersection were you on when the accident occurred?  
\_\_\_\_\_
8. What direction were you traveling in? \_\_\_\_\_
9. What type of impact was the auto accident? \_\_\_\_\_
10. Did your vehicle hit anything after the accident? if yes, please describe  
\_\_\_\_\_
11. Where were you sitting in the vehicle during the accident?  
\_\_\_\_\_
12. Did you know the accident was coming? \_\_\_\_\_
13. What type of vehicle were you in? \_\_\_\_\_
14. What type of vehicle impacted yours? \_\_\_\_\_
15. At the time of the impact, how fast was your vehicle moving? \_\_\_\_\_
16. At the time of impact, how fast was the other vehicle moving? \_\_\_\_\_
17. During and after the crash what happened to your vehicle? (circle all that apply)
  - kept going straight
  - kept going straight hitting a car in front
  - was hit by another vehicle
  - spun around
  - spun around and hit a stationary object
  - hit a stationary object
18. Did you lose consciousness during the accident? -yes                      - no
19. How was your head positioned during the accident? \_\_\_\_\_
20. How was your torso positioned during the accident? \_\_\_\_\_
21. How were your hands positioned during the accident? \_\_\_\_\_
22. Did your head hit anything during the accident? -no    - yes, please describe \_\_\_\_\_
23. Did your face hit anything during the accident? -no    - yes, please describe \_\_\_\_\_
24. Did your shoulders hit anything during the accident? -no    - yes, please describe \_\_\_\_\_
25. Did your neck hit anything during the accident? -no    - yes, please describe \_\_\_\_\_

26. Did your chest hit anything during the accident? -no - yes, please describe\_\_\_\_\_

27. Did your hips hit anything during the accident? -no - yes, please describe\_\_\_\_\_

28. Did your knees hit anything during the accident? -no - yes, please describe\_\_\_\_\_

29. Did your feet hit anything during the accident? -no - yes, please describe\_\_\_\_\_

30. What kind of headrest was in your vehicle?

- movable fixed headrest
- nonmovable fixed headrest
- no headrest

31. Where was the headrest positioned on your head? \_\_\_\_\_

32. Did you have your seatbelt on during the accident? - yes -no

33. Did you slide out of your seatbelt during the accident? \_\_\_\_\_

34. What was damaged in your vehicle? (Circle all that apply)

- windshield
- steering wheel
- dashboard
- seat frame
- side window
- rear window
- rear bumper
- front bumper
- trunk
- front left door
- front right door
- back left door
- mirror
- knee bolster
- back right door
- completely totalled

35. Choose the items that dented inward

- floorboards
- side door
- dashboard

36. Choose the doors that would not open as a result of the accident

- front left
- rear left
- front right
- rear right

37. Did you go to the hospital? If no, why and do not answer 38-43

\_\_\_\_\_

38. How did get to the hospital? \_\_\_\_\_

39. What was the name of the hospital? \_\_\_\_\_

40. Were you hospitalized over night? \_\_\_\_\_

41. Circle what you were prescribed at the hospital

- pain medication
- muscle relaxors
- neck brace

42. Did you recieve any stitches for any cuts at the hospital? \_\_\_\_\_

43. Were x rays taken at the hospiatal? If yes, which area was taken?

\_\_\_\_\_

