

## AUTOMOBILE ACCIDENT INFORMATION

Please describe the accident, in your own words \_\_\_\_\_

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

Were you wearing a seat belt  Yes  No

Were you the:  Driver  Front passenger  Rear passenger

What is the Make \_\_\_\_\_ year \_\_\_\_\_ and model \_\_\_\_\_ of the vehicle you were occupying.

Which direction were you traveling?  Northbound  Southbound  Eastbound  Westbound

Name the location/street/intersection on which you were traveling. \_\_\_\_\_

What was the approximate speed of your vehicle \_\_\_\_\_ mph.

What was the approximate speed of the other vehicle \_\_\_\_\_ mph.

Did the impact to your vehicle come from the:

- front,  driverside front quarter panel,  driverside rear quarter panel,  passengerside front quarter panel,  passengerside rear quarter panel,  rear

What was the Make \_\_\_\_\_ year \_\_\_\_\_ and model \_\_\_\_\_ of the vehicle that you struck or struck you?

Which direction was the other vehicle traveling?  Northbound  Southbound  Eastbound  Westbound

What street was the other vehicle traveling on? \_\_\_\_\_

At the time of the accident what were the road conditions?  dry,  wet,  icy,  snow packed

At impact, were you facing:  the front,  to the right,  to the left

Were you  aware or  unaware that you were going to be struck?

How many people in all vehicles were involved in the accident \_\_\_\_\_?

If you were wearing your seatbelt what type of belt was it?  lap belt only,  a lap belt with a shoulder harness

In relation to the base of your skull, where was the headrest?

- not present,  adjusted below the base of the skull,  at the base of the skull

Was your vehicle equipped with airbags?  Yes  No

If yes, did they inflate?.....  Yes  No

Did any part of your body strike anything in the vehicle?  Yes  No

If yes, please explain \_\_\_\_\_

Did you remain conscious?.....  Yes  No

Did the police come to the accident site?  Yes  No

Was a police report filed?.....  Yes  No

Did you receive the ticket?.....  Yes  No

Were there any witnesses?.....  Yes  No

Have you been able to work since the accident?  Yes  No

Following the accident which statement is correct, you  were transported by private transportation,  were transported by ambulance  were not transported at all to a hospital following the accident

### POST ACCIDENT SEQUENCE

If you went to the Hospital what was the hospital's name? \_\_\_\_\_

Did you go see your Primary Care Physician for treatment of injuries sustained in this mva?  Yes  No

If so, on what date? \_\_\_\_/\_\_\_\_/\_\_\_\_

What was the Physicians Name? \_\_\_\_\_

Were you prescribed;  no-medications,  muscle relaxants,  pain killers,  or anti-inflammatories

Which of the follow tests were performed and what body part?  x-ray \_\_\_\_\_,

MRI \_\_\_\_\_,  CT \_\_\_\_\_