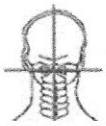


# AUTOMOBILE CRASH QUESTIONNAIRE

Please complete the following questions regarding your automobile accident. Please complete this form carefully as the information provided will assist the doctor in evaluating and documenting your condition. THANK YOU!

Patient Name: _____

Date: _____ ID#: _____

## VEHICLE YOU WERE IN

**Vehicle type?** ☐ Car ☐ Pickup ☐ Van ☐ Truck ☐ Station Wagon ☐ Bus ☐ Other: _____

**Vehicle size?** ☐ Subcompact ☐ Full-size ☐ Compact ☐ Mini ☐ Mid-Size ☐ Light ☐ Other: _____

**What was your location in the vehicle?** ☐ Driver ☐ Front Passenger ☐ Rear Passenger

**Passenger location:** ☐ Left ☐ Middle ☐ Right ☐ Other: _____

**What was the vehicle you were in doing?**

- ☐ Vehicle was stopped for: _____
- ☐ Vehicle was slowing down for: _____
- ☐ Vehicle was moving: _____
- ☐ Vehicle doing something else: _____

**What damage did the vehicle you were in sustain?**

☐ Minimal ☐ Moderate ☐ Extensive ☐ Totaled ☐ Unsure ☐ Other: _____

## IF OTHER VEHICLES WERE INVOLVED IN ACCIDENT

**First Vehicle to Strike Vehicle You Were In**

**Vehicle type?** ☐ Car ☐ Pickup ☐ Van ☐ Truck ☐ Station Wagon ☐ Bus ☐ Other: _____

**Vehicle size?** ☐ Subcompact ☐ Full-size ☐ Compact ☐ Mini ☐ Mid-Size ☐ Light ☐ Other: _____

**How did this vehicle strike the vehicle you were in?** _____

**What damage did this vehicle sustain?** ☐ Minimal ☐ Moderate ☐ Extensive ☐ Totaled ☐ Unsure

---

**Second Vehicle to Strike Vehicle You Were In**

**Vehicle type?** ☐ Car ☐ Pickup ☐ Van ☐ Truck ☐ Station Wagon ☐ Bus ☐ Other: _____

**Vehicle size?** ☐ Subcompact ☐ Full-size ☐ Compact ☐ Mini ☐ Mid-Size ☐ Light ☐ Other: _____

**How did this vehicle strike the vehicle you were in?** _____

**What damage did this vehicle sustain?** ☐ Minimal ☐ Moderate ☐ Extensive ☐ Totaled ☐ Unsure

---

## CONDITIONS AT TIME OF ACCIDENT

**What time of day did the accident occur?**

☐ Daylight ☐ Dawn ☐ Dusk ☐ Night ☐ Other: _____

**What was the condition of the road?**

☐ Dry ☐ Damp ☐ Wet ☐ Snow Covered ☐ Icy ☐ Other: _____

**Visibility**

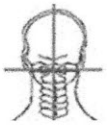
**What was the visibility at impact?**

☐ Good ☐ Fair ☐ Poor ☐ Other: _____

**If visibiliity was poor, why?**

☐ Sun Light ☐ Darkness ☐ Rain ☐ Snow ☐ Fog ☐ Traffic ☐ Other: _____

**Patient Signature:** _____



# AUTOMOBILE CRASH QUESTIONNAIRE

## AT MOMENT OF IMPACT

**Were you prepared for the accident?**

☐ Accident a Complete Surprise ☐ Aware of Impending Collision ☐ And Braced for Impact

**Foot on Brake Pedal**

**Was your foot on the brake pedal at impact?** ☐ Yes ☐ No ☐ Don't Know

**Was it knocked off pedal by impact?** ☐ Yes ☐ No ☐ Don't Know

**Use of Restraints**

**Were you wearing a restraint belt?** ☐ Yes ☐ No

**What type of restraint belt were you wearing?** ☐ Shoulder-Lap Belt ☐ Shoulder Belt ☐ Lap Belt

**Was vehicle equipped with headrests?** ☐ Yes ☐ No

**What position was the headrest in?** ☐ Low ☐ Middle ☐ High ☐ Don't Know

**Was vehicle equipped with air bags?** ☐ Yes ☐ No ☐ Unsure

**Did the air bags deploy?** ☐ Yes ☐ No

**Your Body**

**What was your body position at impact?**

☐ Straight ☐ Slouched Forward **Rotated:** ☐ Right ☐ Left ☐ Don't Recall ☐ Other: _____

**What direction was your body thrown?**

☐ Forward/Backward ☐ Backward/Forward ☐ Sideways ☐ Across Vehicle

☐ Outside Vehicle ☐ Under Vehicle ☐ Don't Recall ☐ Other: _____

**Your Head and Neck**

**What position were your head / neck in at impact?**

☐ Straight ☐ Tilted Forward **Rotated:** ☐ Right ☐ Left ☐ Don't Recall ☐ Other: _____

**Through what motion were your head / neck pitched?**

☐ Forward/Backward ☐ Backward/Forward ☐ Sideways ☐ Don't Recall ☐ Other: _____

## AT MOMENT OF IMPACT

**Which objects in the vehicle did the force of the collision cause your body to strike? Please note what your body struck.**

**Head** _____

**Right Upper Extremity (Arm)** _____

**Left Upper Extremity (Arm)** _____

**Torso** _____

**Right Lower Extremity (Leg)** _____

**Left Lower Extremity (Leg)** _____

**Did your body strike any other objects? If yes, please describe:**

_____

**Patient Signature:** _____ **Today's Date:** _____