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Automobile Accident Questionnaire

Patient's Name: _____ Today's Date: _____

Date of Accident: _____

The following questions pertain to *YOU* and the vehicle *YOU* were in:

Your position in the vehicle:

❑Driver
❑Passenger, location: ❑Front ❑Rear ❑Third seat (rear), position: ❑Left ❑Middle ❑Right
❑Other: _____

Vehicle size:

❑Subcompact ❑ Heavy
❑Compact ❑Mini
❑Mid-size ❑Light
❑Full-size ❑Other: _____

Vehicle type:

❑Car ❑Pickup
❑Van ❑Truck
❑Station Wagon ❑Bus
❑Other: _____

Speed of your vehicle:

❑Stopped ❑Moving moderately
❑Parked ❑Moving fast
❑Slowing ❑Moving at approximately _____MPH
❑Moving slowly

Why Vehicle was slowed or stopped:

❑Traffic signal ❑Parking
❑Pedestrian ❑Traffic
❑Stop sign ❑Busy intersection

Collision Type:

❑Driver side impact ❑Head on collision ❑Front impact
❑Passenger side impact ❑Rear impact ❑Pedestrian incident

The following questions concern *THE OTHER* vehicle involved in the accident:

Vehicle size:

❑Subcompact ❑Full-size
❑Compact ❑Mini
❑Mid-size ❑Light
❑Heavy ❑Other: _____

Vehicle type:

❑Car ❑Pickup
❑Van ❑Truck
❑Station Wagon ❑Bus
❑Other: _____

Conditions at the time of the accident:

Time of day:

❑Full daylight
❑Dawn
❑Dusk
❑Night

Road conditions:

❑Dry
❑Damp
❑Wet
❑Snow covered
❑Ice covered
❑Patchy ice/snow

Visibility:

❑Excellent
❑Good
❑Fair
❑Poor

Visibility compromised by:

❑Brightness
❑Darkness
❑Rain
❑Snow
❑Fog
❑Traffic

The following questions concern the moment of impact of the accident:

Were you...

❑Totally unaware that the accident was impending
❑Aware that the accident was impending
❑Aware that the accident was impending and braced for it

Restraints: (check all that apply)

❑Seat belt
❑Shoulder harness
❑No restraints

If you were the driver of the vehicle, was your foot on the brake pedal? ❑Yes ❑No ❑Knocked off by impact

Was the air bag deployed?

❑Car not equipped with air bag
❑Air bag deployed
❑Air bag not deployed

What position was YOUR headrest in?

❑High position
❑Middle position
❑Low position

Position of YOUR head at time of impact?
❑Facing straight ahead
❑Tilted forward
❑Rotated to the left
❑Rotated to the right

Was your head thrown...?
❑Backward and then forward
❑Forward then backward
❑To the left ❑To the left then the right
❑To the right ❑To the right, then the left

Position of YOUR body at time of impact?
❑Straight
❑Tilted forward
❑Rotated to the left
❑Rotated to the right

Was your body thrown...?
❑Backward and then forward
❑Forward then backward
❑To the left ❑To the left then the right
❑To the right ❑To the right, then the left
❑Across the vehicle
❑Outside the vehicle ❑Under the vehicle

Damage to vehicle YOU were in:
❑Incurred minimal damage
❑Incurred moderate damage
❑Incurred severe damage
❑Was totalled
❑Not known

Citations:
❑None issued
❑Yourself
❑Driver of vehicle patient was a passenger of
❑Driver of other vehicle
❑Not sure

<u>As a result of the force of the collision, which objects in the vehicle did your body strike</u>?

Head
❑Steering wheel ❑Right door
❑Dashboard ❑Left window
❑Windshield ❑Right window
❑Armrest ❑Console
❑Headrest ❑Gear shift
❑Rear view mirror ❑Front seat
❑Left door ❑Backseat

Left Arm
❑Steering wheel ❑Right door
❑Dashboard ❑Left window
❑Windshield ❑Right window
❑Armrest ❑Console
❑Headrest ❑Gear shift
❑Rear view mirror ❑Front seat
❑Left door ❑Backseat

Right Arm
❑Steering wheel ❑Right door
❑Dashboard ❑Left window
❑Windshield ❑Right window
❑Armrest ❑Console
❑Headrest ❑Gear shift
❑Rear view mirror ❑Front seat
❑Left door ❑Backseat

Torso
❑Steering wheel ❑Right door
❑Dashboard ❑Left window
❑Windshield ❑Right window
❑Armrest ❑Console
❑Headrest ❑Gear shift
❑Rear view mirror ❑Front seat
❑Left door ❑Backseat

Left Leg
❑Steering wheel ❑Right door
❑Dashboard ❑Left window
❑Windshield ❑Right window
❑Armrest ❑Console
❑Headrest ❑Gear shift
❑Rear view mirror ❑Front seat
❑Left door ❑Backseat

Right Leg
❑Steering wheel ❑Right door
❑Dashboard ❑Left window
❑Windshield ❑Right window
❑Armrest ❑Console
❑Headrest ❑Gear shift
❑Rear view mirror ❑Front seat
❑Left door ❑Backseat

<u>The following questions concern the time period immediately following the accident</u>:

Did you lose consciousness?
❑Yes ❑No

Immediately following the accident, did you feel...?
❑Dazed ❑Dizzy ❑Disoriented ❑Nauseated ❑Nervous ❑Weak

Were you able to walk unaided?
❑Yes ❑No

Where did you go?

❑Drove home ❑Drove to work ❑Drove to hospital ❑Drove to school
❑Was driven home ❑Was driven to work ❑Was driven to hospital ❑Was driven to school
❑Taken to hospital via ambulance

Next day discomfort?
❑Increased ❑Decreased ❑Same

Did your major complaints exist before the accident?
❑Yes ❑ No

<u>In what areas did you IMMEDIATELY feel pain</u>?

❑Head	Shoulder	❑Left	❑Right	Hip	❑Left	❑Right
❑Neck	Arm	❑Left	❑Right	Thigh	❑Left	❑Right
❑Upper back	Elbow	❑Left	❑Right	Knee	❑Left	❑Right
❑Mid back	Wrist	❑Left	❑Right	Calf	❑Left	❑Right
❑Ribs	Hand	❑Left	❑Right	Ankle	❑Left	❑Right
❑Chest	Fingers	❑Left	❑Right	Foot	❑Left	❑Right
❑Abdomen	Buttock	❑Left	❑Right	Toes	❑Left	❑Right

❑Low Back ❑Pelvis

<u>In what areas did you experience lacerations (cuts)</u>?

❑Head	Shoulder	❑Left	❑Right	Hip	❑Left	❑Right
❑Neck	Arm	❑Left	❑Right	Thigh	❑Left	❑Right
❑Upper back	Elbow	❑Left	❑Right	Knee	❑Left	❑Right
❑Mid back	Wrist	❑Left	❑Right	Calf	❑Left	❑Right
❑Ribs	Hand	❑Left	❑Right	Ankle	❑Left	❑Right
❑Chest	Fingers	❑Left	❑Right	Foot	❑Left	❑Right
❑Abdomen	Buttock	❑Left	❑Right	Toes	❑Left	❑Right

❑Low Back ❑Pelvis

<u>At the hospital, what areas were x-rayed</u>?

❑Head	Shoulder	❑Left	❑Right	Hip	❑Left	❑Right
❑Neck	Arm	❑Left	❑Right	Thigh	❑Left	❑Right
❑Upper back	Elbow	❑Left	❑Right	Knee	❑Left	❑Right
❑Mid back	Wrist	❑Left	❑Right	Calf	❑Left	❑Right
❑Ribs	Hand	❑Left	❑Right	Ankle	❑Left	❑Right
❑Chest	Fingers	❑Left	❑Right	Foot	❑Left	❑Right
❑Abdomen	Buttock	❑Left	❑Right	Toes	❑Left	❑Right

❑Low Back ❑Pelvis

<u>Where did you experience pain on the day FOLLOWING the accident</u>?

❑Head	Shoulder	❑Left	❑Right	Hip	❑Left	❑Right
❑Neck	Arm	❑Left	❑Right	Thigh	❑Left	❑Right
❑Upper back	Elbow	❑Left	❑Right	Knee	❑Left	❑Right
❑Mid back	Wrist	❑Left	❑Right	Calf	❑Left	❑Right
❑Ribs	Hand	❑Left	❑Right	Ankle	❑Left	❑Right
❑Chest	Fingers	❑Left	❑Right	Foot	❑Left	❑Right
❑Abdomen	Buttock	❑Left	❑Right	Toes	❑Left	❑Right

❑ Low Back ❑Pelvis

Patient's Signature: _____