



PERSONAL ACCIDENT QUESTIONNAIRE

NAME: _____ Date & Time of Accident: _____

1. How many vehicles were involved in the accident? _____

2. What was the estimated damage to the vehicle you were in? _____

3. What street or intersection were you on when the accident occurred? _____

4. What direction were you traveling in? _____

5. What city did the accident occur in? _____

6. What type of impact was the auto accident?

Rear Ended

Hit on Passenger's Side

Hit Vehicle from Behind

Other: _____

Hit on Driver's Side

7. Did your vehicle hit anything after the accident? If yes, please describe _____

8. What was your location in the vehicle?

Driver

Rear Right passenger

Front Passenger

Other: _____

Rear left passenger

9. Did you know the accident was coming?

Unaware of impending collision

Aware of impending collision and relaxed

Aware of impending collision and braced for impact

10. What type of vehicle were you in? _____

11. What type of vehicle impacted yours? _____

12. At the time of the impact, what was your vehicle doing?

Stopped

Slowing Down Gaining Speed Moving

How fast was your vehicle moving? _____



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- Drove self
 Friend
 Family Member
- Ambulance
 Other: _____

29. What was the name of the hospital? _____

30. Were you hospitalized overnight? _____

31. Circle what you were prescribed at the hospital

- Pain medication Muscle relaxers Neck brace

32. Did you receive any stitches for any cuts at the hospital? _____

33. Were x rays taken at the hospital? No Yes

If x-rays were taken, of what body part(s)?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Skull | <input type="checkbox"/> Leg |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Upper / Mid back | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Low back | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Arm |
| <input type="checkbox"/> Hips | <input type="checkbox"/> Other: _____ |

34. Was any MRI or CT films taken at the hospital? No Yes, what part of body?
