AUTOMOBILE ACCIDENT QUESTION	
Dear Patient: This questionnaire will allow you to describe your automobile accident in detail	
complete it carefully as the information provided will assist the doctor in evalual documenting your condition. THANK YOU.	
accumonanty year containers. The first rece.	
No. 2 months and the second se	
Use a No. 2 pencil to mark your answers. When marking in a bubble please explain in the space allowed. Fill in bubbles comp	plately as a superior of the s
indicated here: . Erase changes cleanly. Do not fold form.	
	30 9 80 8 8 8 8 8 8 8 8 8 8 8 8 8
A. VEHICLE YOU WERE IN	90
1. Vehicle type? 2. Vehicle size?	d. What damage did this vehicle sustain?
Car Pickup Subcompact Full-Size Van Truck Compact Mini	Minimal Moderate Extensive Totaled Unsure Other
Station Wagon Bus Mid-Size Light	
Other Other	2. Second Vehicle To Strike Vehicle You Were In
2. What was very leasting in the vehicle 2.	a. Vehicle type? b. Vehicle size?
3. What was your location in the vehicle? Only Pront Passenger Rear Passenger	Car Pickup Subcompact Full-Size Van Truck Compact Mini
Passenger Location: OLeft OMiddle ORight	Station Wagon Bus Mid-Size Light
Other	Other Other
4. What was the vehicle you were in doing?	
Mark only <u>ONE</u> bubble below to answer this question a. Vehicle stopped for	c. How did this vehicle strike the vehicle you were in? Head On From Right From Left Rear Ended
Traffic Light Intersection Stop Sign Traffic	Sideswiped On Right Sideswiped On Left
○Pedestrian ○Parked	Other
Other	
h Vahiala alawing dawn for	d. What damage did this vehicle sustain?
b. Vehicle slowing down for Traffic Light Intersection Stop Sign Traffic	Minimal Moderate Extensive Totaled Unsure Other
Pedestrian Turning Parking	
Other	3. Describe Other Vehicles To Strike Vehicle You Were In
a Vahiala maying	○ Vehicle Type: ○ How it struck: ○ Vehicle Size: ○ Damage:
c. Vehicle moving Slowly Moderately Fast	○Vehicle Size: ○Damage: ■
MPH Accelerating	4. Were traffic citations issued as a result of the accident?■
Other	○No Citations issued ○Driver Of Other Vehicle
d Vahiala daing athau	Oriver Of Vehicle You Were In You Unsure
d. Vehicle doing other Other	C. CONDITIONS AT TIME OF ACCIDENT
	1. What time of day did the accident occur?
5. What damage did the vehicle you were in sustain?	○Daylight ○Dawn ○Dusk ○Night ■
Minimal Moderate Extensive Totaled	○ Other
Other Other	2. What was the condition of the road?
B. IF OTHER VEHICLES INVOLVED IN ACCIDENT	○Dry ○Damp ○Wet ○Snow Covered
1. First Vehicle To Strike Vehicle You Were In	Other
a. Vehicle type? b. Vehicle size?	0.1/1.111/
Car Pickup Subcompact Full-Size Van Truck Compact Mini	3. Visibility a. What was the visibility at impact?
Station Wagon Bus Mid-Size Light	Good Fair Poor
Other Other	Other
c. How did this vehicle strike the vehicle you were in?	b. If visibility was poor, why?
Head OnFrom RightFrom LeftRear EndedSideswiped On RightSideswiped On Left	Sun Light Darkness Rain Snow
Other	Other Traffic
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	b. Right Upper Ext	remity (Arm)	
. Were you prepared for the accident?	 Steering Wheel 	 Dashboard 	Windshield
 Accident A Complete Surprise 	 Right Side Door 	 Left Side Door 	Armrest
 Aware Of Impending Collision And Braced For Impact 	Right Window	Left Window	 Headrest
	Ceiling	Console	Shift Lever
. Foot On Brake Pedal	Front Seat	Rear View Mirror	
a. Was your foot on brake pedal at impact? Yes No	Other		
b. Was it knocked off pedal by impact? OYes ONO	c. Left Upper Extre	emity (Arm)	
	Steering Wheel	Dashboard	Windshield
Use Of Restraints	 Right Side Door 	 Left Side Door 	Armrest
a. Restraint Belts	Right Window	Left Window	Headrest
1. Were you wearing a restraint belt? OYes ONO	Ceiling	Console	Shift Lever
3	Front Seat	 Rear View Mirror 	
2. What type of restraint belt were you wearing?	Other		
○ Shoulder-Lap Belt ○ Shoulder Belt ○ Lap Belt			
3 manus 200 3 manus 200 3 mp 200	d. Torso		
b. Headrests	Steering Wheel	Dashboard	Windshield
1. Was vehicle equipped with headrests? Yes No	Right Side Door	Left Side Door	Armrest
The verification of an production in the second control of the sec	Right Window	Left Window	Headrest
2. What position was the headrest in?	Ceiling	Console	Shift Lever
Low Middle High Don't Know	Front Seat	Rear View Mirror	O Shint Level
C Low C Ivilidate C T light C Bott Know	Other	Near view Will Of	
c. Air Bags	Other		
1. Was vehicle equipped with air bags?	e. Right Lower Ext	romity (Log)	
Yes No Unsure	Steering Wheel	Dashboard	Windshield
O les O livo O disule		Left Side Door	
2. Did the air bags deploy? Yes No	Right Side Door		Armrest
2. Did the air bags deploy? Yes No	Right Window	Caracle	○ Headrest
Vour Body	Ceiling	Console	Shift Lever
Your Body	Front Seat	Rear View Mirror	
a. What was your body position at impact?	Other		
Straight Slouched Forward Rotated: Right Left	f. Left Lower Extre	mitur/Log\	
Onn't Recall Other		J (0)	
h What direction was vous body thrown?	Steering Wheel	O Dashboard	○ Windshield
b. What direction was your body thrown?	Right Side Door	○ Left Side Door	Armrest
○ Forward\Backward ○ Backward\Forward ○ Sideways	Right Window	Caracle	Headrest
	Ceiling	O Console	Shift Lever
Across Vehicle Outside Vehicle Under Vehicle		Rear View Mirror	
Across VehicleDon't RecallOtherUnder VehicleUnder Vehicle	Front Seat		
Other Other	Front Seat Other		
On't Recall Other Your Head And Neck	Other	vo any other chies	to?
Other Your Head And Neck a. What position were your head/neck in at impact?	Other 2. Did your body stril	-	ts?
Your Head And Neck a. What position were your head/neck in at impact? Straight Tilted Forward Rotated: Right Left	Other	-	ts?
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