MOTOR VEHICLE ACCIDENT QUESTIONNAIRE

NAME: _____ Date of Accident_____

Where did the accident occur?
☐ In a parking lot
Which parking lot: _____
☐ On the road
Which road: _____
☐ At the intersection of which roads
_____ and _____

☐ Yes ☐ No Did the vehicle you were in strike another vehicle
☐ Yes ☐ No Was the vehicle you were in struck by another vehicle

What was the year/make/model/color of the vehicle you were in? _____/_____/_____/_____
What was the year/make/model/color of the other vehicle? _____/_____/_____/_____

Was the vehicle you were in :
☐ Stopped
☐ Moving Forward
☐ Moving Backward
☐ Turning Left
☐ Turning Right

Was the other vehicle:
☐ Stopped
☐ Moving Forward
☐ Moving Backward
☐ Turning Left
☐ Turning Right

Which part of the vehicle you were in collided with the other vehicle? ☐ Front ☐ Back ☐ Left ☐ Right
Which part of the other vehicle collided with the vehicle you were in? ☐ Front ☐ Back ☐ Left ☐ Right

What was your position in the car?
☐ Driver:
☐ Passenger:
Were you sitting in ☐ Right Front ☐ Right Rear ☐ Left Rear ☐ Middle Rear

☐ Yes ☐ No Were you wearing a seat belt?
☐ Yes ☐ No ☐ N/A Did the airbag deploy?

☐ Yes ☐ No Did the seat back bend / break?

Describe the accident in your own words:

Did you strike anything in vehicle at time of impact? ☐ Yes ☐ No
If yes, specify what part of your body struck what: ie… head chest chin shoulder Right / Left Knee

	Body Part
☐ Steering Wheel	_____
☐ Dashboard	_____
☐ Windshield	_____
☐ Roof	_____
☐ Left Side Door	_____
☐ Right Side Door	_____
☐ Left Side Window	_____
☐ Right Window	_____
☐ Other _____	

Immediately following the accident, how did you feel?
☐ dizzy
☐ dazed
☐ disoriented
☐ unconscious
☐ nervous
☐ nauseous
☐ upset
☐ weak
☐ Other _____

☐ Yes ☐ No Did the police arrive at the scene?
☐ Yes ☐ No Did an ambulance arrive at the scene?

☐ Yes ☐ No Did you go to hospital? If yes:
When did you go? ☐ At time of accident ☐ Next day
How did you get to hospital? ☐ Ambulance ☐ Police Car ☐ Private Transportation
☐ Yes ☐ No Were you admitted to the hospital?
If yes how long were you there? _____

Name of Hospital: _____
Attended by Dr. _____

What treatment was given?
☐ none ☐ placed in a cervical collar ☐ x-rayed ☐ given stitches ☐ Bandaged
☐ given pain medication ☐ given instructions regarding concussions
☐ given instructions regarding sprains and strains ☐ Physical Therapy
☐ instructed to call a Orthopedic Surgeon ☐ instructed to call a private physician
☐ referred to this office for treatment
☐ Other _____

Was the vehicle you were in
☐ Drivable?
☐ Towed?
Approximate vehicle damage: ☐ Totaled $_____

Was the other vehicle
☐ Drivable?
☐ Towed?
Approximate vehicle damage: ☐ Totaled $_____