## AUTOMOBILE ACCIDENT QUESTIONNAIRE

Patient's Name:			Today's Date:				
Date of Accident:_							
THE FOLLOWING Q	UESTIONS	PERTAIN TO YOU AN	ID THE VEHIC	LE YOU WERE IN:			
Vehicle type:		Vehicle size:					
□ Car	Pickup	Subcompact	☐ Full-	-size			
□Van.	☐ Truck	□ Compact	□Min	i			
☐Station Wag	on Bus	☐ Mid-size	Ligh	nt			
Other		Heavy	□Oth	er			
Your position in the							
Driver		_	_				
		ion Left					
				r Passenger Third Se			
Speed of your vehic	-		Why Vehicle was slowed or stopped:				
	☐Stopped ☐Moving Mode		☐Traffic Sign				
Parked	☐Moving	g Fast	□Pedestrian	□Traffic			
□Slowing	□Moving	g at apprxMPH	☐Stop Sign	☐Busy Inter	section		
☐Moving Slow	vly						
Collision Type:							
☐ Driver Side	Impact [	Head On Collision					
□Passenger S	Side Impact[	Rear Impact					
☐Front Impac	t C	Pedestrian Incident					
□Van □Station Wag	□Truck gon □Bus	13.52.53	□Mir □Lig	ni	4		
CONDITIONS AT TH	HE TIME OF	THE ACCIDENT					
Time of day:		Road Conditions:	Visibility:	Visibility comprimi	ead but		
□Full daylight		□Dry	□Excellent	Brightness	seu by.		
□ Dawn		□Damp	Good	Darkness			
Dusk		⊒Wet	□Good □Fair				
				□Rain			
□Night		Snow covered	Poor	Snow			
		lce covered		□Fog .			
	1	☐Patchy Ice/Snow		□Traffic			
THE FOLLOWING	NIESTIONS	CONCERN THE MO	MENT OF IMP	ACT OF THE ACCIDE	MT.		
Were you	(OLS 110143	CONCERN THE MO		check all that apply)	N. I.		
Carried State Control of the Control	vare that the	accident was impendi		Seat belt			
		ing					
		was impending		☐Shoulder harness			
Aware that t	ne accident	was impending and br	aced for it	□No restraints			
If you were the driver	of the vehic	le, was your foot on the	e brake pedal?	☐Yes ☐No ☐Knocked	off by impa		

THE FOLLOWING QUESTIONS	CONC	ERN THE	ETIME	PERIO	D IMME	DIATELY	FOLLO	WING TH	E ACCIDENT:	
Did you lose conciousness?		Immedia	ately fo	llowing	the acc	cident, c	lid you f	eel?		
□Yes		□Dizzy		□Weak						
□No		□Dazed		□Nervous						
		□Disoriented □Na		□Naus	useated					
Mara yay abla ta walk wasida.	40	Mhara	lid vou	~~ ?						
Were you able to walk unaided	ā,	Where did you go?		☐Drove to work						
□Yes		THE TOTAL STATE ST				☐Was driven to work				
4140		☐Was driven home ☐Drove to hospital			Drove to school					
		☐Was driven to hospital			al	□Was driven to school				
					an ambula		diiveii te	SCHOOL		
Next day discomfort?		- raker	and the second	A STATE OF THE PARTY.			ints exis	st before t	the accident?	
□increased □decreased □same		□Yes □ No				or complaints exist before the accident?				
In what areas did you IMMED		feel pair	n?							
□Head	Should		Left	□Righ	nt	Hip	□Left	□Right		
□Neck	Arm	iii	Left	□Righ		Thigh		Right		
Upper back	Elbow		Left	110000000		Knee		Right		
☐Mid back	Wrist		Left			Calf		□Right		
□Ribs	Hand		Left			Ankle		□Right		
Chest			Left			Foot	Left	Right		
□Abdomen	Fingers Buttock					Toes		Right		
□Abdomen Buttock □Left □Right Toes □ □Low Back □Pelvis						-Len	- Intigrit			
In what areas did you experie	ence lac	erations	(cuts)	2						
☐Head	Should			Rigi	ht	Hip	□t eft	□Right		
□Neck	Arm			□Rig		Thigh		□Right		
Upper back	Elbow			□Rig		Knee		□Right		
☐Mid back	Wrist			□Rig		Calf		Right		
□Ribs	Hand			□Rig		Ankle		□Right		
Chest	Finger	s		□Rig		Foot		□Right		
□Abdomen	Buttoo			□Rig		A TOTAL STREET		□Right		
□Low Back □Pelvis			-	3				g		
At the hospital, what areas w	/ere x-ra	ved?								
Head	Should		□Left	□Rig	ht	Hip	□Left	Right		
□Neck	Arm			□Rig		Thigh		□Right		
□Upper back	Elbow	E		□Rig		Knee		Right		
☐Mid back	Wrist			□Rig	San	Calf		Right		
□Ribs	Hand			□Rig	50000	Ankle		Right		
Chest	Finger	re	Left		200.2	Foot		Right		
Abdomen	Buttoo		Left		1.000	Toes		Right		
□Low Back □Pelvis	Dutto	-	-Len	عاداة	, iii	1065	Len	<b>U</b> rtigit		
Where did you experience p	ain on t	he day F	-01101	NING t	he accid	lent?				
☐Head	Shoul			□ Rig	77	Hip	OI eff	□Right		
□Neck	Arm	001		Rig	58310	Thigh		□Right		
□Upper back	Elbow	,		□ Rig	100	Knee		Right		
☐Mid back	Wrist			Rig		Calf	Left			
□Ribs	Hand		Lef	1 25 CHARLES	Trans.	Ankle				
Chest	Finge		Lef	100	-	Foot		Right		
□Abdomen	Butto			l DRig	2000	Toes		Right		
	Butto	UK.	-Lei	- UKI	gill.	1065	-Len	Kignt		
□Low Back □Pelvis										

Was the air bag deployed?		What position was Y	OUR headrest in?				
Car not equipped with	air bag	□ i_on position					
☐Air bag deployed			☐Middle position				
☐Air bag not deployed		☐ High position					
Position of YOUR head at time	ne of impact?	Was your head throw					
☐Facing straight ahead		☐Backward and then	forward				
☐Tilted forward		☐Forward then backy	☐Forward then backward				
☐Rotated to the left		☐To the left ☐To the left then the right					
☐Rotated to the right		☐To the right ☐To the right, then the left					
Position of Your body at time	e of impact?	Was your body throw	vn?				
☐Straight		Backward and then	forward				
Leaning forward		☐Forward then backy	☐Forward then backward				
☐Rotated to the left		☐To the left ☐To the left, then the right					
☐Rotated to 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	e in:	Citations:	Citations:				
☐Incurred minimal dam	age	☐None issued					
Incurred moderate da	mage	☐Yourself	□Yourself				
☐ Incurred severe dama	ge	Driver of vehicle pa	☐Driver of vehicle patient was a passenger of				
☐Was totalled		☐Driver of other vehicle					
■Not known		☐Not sure					
AS A RESULT OF THE FORC	E OF THE COLLISION	I, WHICH OBJECTS IN	THE VEHICLE DID YOUR				
Head		Left Arm					
☐Steering wheel	☐Right door	☐Steering wheel	☐Right door				
□ Dashboard	☐ Left window	Dashboard	☐Left window				
□Windshield	☐Right window	Windshield	☐Right window				
□Armrest	Console	□Armrest	Console				
□Headrest	☐Gear shift	□Headrest	☐Gear shift				
Rear view mirror	☐Front seat	Rear view mirror	□ Front seat				
☐Left door	□Backseat	□Left door	□Backseat				
Right Arm		Torso					
☐Steering wheel	☐Right door	Steering wheel	☐Right door				
Dashboard	☐ Left window	Dashboard	Left window				
□Windshield	☐Right window	□Windshield	☐Right window				
□Armrest	Console	□Armrest	Console				
□Headrest	☐Gear shift	□Headrest	☐Gear shift				
Rear view mirror	□Front seat	Rear view mirror	□ Front seat				
Left door	□Backseat	Left door	Backseat				
2011 0001	a backseat	a Leit door	□ Backseat				
Left Leg .		Right Leg					
☐Steering wheel	☐Right door	☐Steering wheel	☐Right door				
□ Dashboard	☐Left window	□Dashboard	☐Left window				
☐Windshield	☐Right window	□Windshield	☐Right window				
□Armrest	☐ Console	□Armrest	Console				
□Headrest	☐Gear shift	□Headrest					
Rear view mirror		- neadlest	Gear snin				
Treat view militor	□Front seat	Rear view mirror	☐Gear shift ☐Front seat				