

Patient Vehicle

Date of Accident: _____

Time of Accident: _____

Where were you in the vehicle?

- Driver's front seat
- Driver's side rear seat
- Passenger front seat
- Passenger side rear seat

Vehicle Type:

- Automobile
- Commercial van
- Compact car
- Compact passenger truck
- Full-size car
- Landscaping truck
- Mid-size car
- Minivan
- Motorcycle
- Passenger truck
- Passenger van
- Pick-up truck
- SUV

Were you accelerating prior to time of impact? Y N

What was your vehicle doing immediately prior to impact?

- Accelerating
- Braking as traffic was appearing in front
- Changing lanes
- Driving straight
- Broke hard and heard the skidding
- Slowing for traffic congestion
- Stopped for a stop sign
- Stopped for a traffic light
- Stopping for a yield sign
- Turning left at an intersection
- Turning right at an intersection
- Other: _____

What was your vehicle's point of impact?

- Front bumper
- Left front fender
- Left rear fender
- Left side
- Rear bumper
- Right front fender
- Right rear fender
- Right side

Road Condition:

- Black ice
- Covered with gravel
- Covered with leaves or other debris
- Damp
- Dry
- Icy
- Mostly dry with the first minutes of rain
- Muddy
- Sandy
- Snow covered
- Wet

Visibility:

- Clear
- Excellent, with bright sunlight
- Excellent, with overcast light
- Reduced at dawn
- Reduced at night
- Reduced due to fog
- Reduced due to rain
- Reduced due to snow

Was a police report filed? Y N

Patient at Impact

Did your airbags deploy? Y N

Position of headrest:

- Adjusted high
- Adjusted low
- All the way down
- All the way up
- Improperly adjusted and offered negligible protection
- Properly adjusted

Type(s) of seat restraint(s) you were wearing, if any:

- A shoulder harness connected to the door
- A shoulder harness only
- Lap belts only
- No seatbelts
- Lap belt with shoulder harness
- Other: _____

Were you prepared for the impact? Y N

Was your foot on the brake at the time of impact? Y N
If so, was your foot knocked off the brake at the time of impact? Y N

What was the position of your head and neck prior to the impact?

Did you lose consciousness after injury? Y N

Did you receive emergency care at the scene? Y N

Where did you go immediately after the accident?

Describe additional details:

Other Vehicle

Other vehicle type:

- Automobile
- Commercial van
- Compact car
- Compact passenger truck
- Full-size car
- Landscaping truck
- Mid-size car
- Minivan
- Motorcycle
- Passenger truck
- Passenger van
- Pick-up truck
- SUV

Speed: _____ MPH

Was the other vehicle accelerating prior to the time of impact? Y N

What was the other vehicle's point of impact?

- Front bumper
- Left front fender
- Left rear fender
- Left side
- Rear bumper
- Right front fender
- Right rear fender
- Right side

What was the other vehicle doing immediately prior to the impact?
