

Accident Questionnaire

Name: _____

Today's Date: _____

Describe your vehicle:

1. Vehicle Type

- A. Compact
- B. Full sized
- C. Mid-sized
- D. Semi-Trailer
- E. Pick-up truck
- F. Other: _____

Make: _____

Year: _____ Model: _____

Approx. speed: _____

2. Vehicle Size

- A. Compact
- B. Mid-size
- C. Full-size

Describe the accident:

3. Date of accident: _____

4. Actions of vehicle you were in

- A. Crossing an intersection
- B. Stopped at an intersection
- C. Stopped for pedestrian
- D. Stopped for traffic
- E. Traveling at posted speed limit
- F. Traveling faster than posted speed limit
- G. Turning

5. Which direction was your vehicle struck

- A. Hit head-on.
- B. Was hit on the left front
- C. Was hit on the right front
- D. Was hit on the left rear
- E. Was hit on the right rear
- F. Was rear ended
- G. Other: _____

6. Damage to your vehicle

- A. Complete
- B. Extensive
- C. Minimal
- D. Moderate

7. Describe the other vehicle involved

- A. Compact
- B. Full sized
- C. Mid-Sized
- D. Semi-Trailer
- E. Pick-Up Truck
- F. Other: _____

Make: _____

Year: _____ Model: _____

Approx. speed: _____

8. Damage to the other vehicle?

- A. Complete
- B. Extensive
- C. Minimal
- D. Moderate

9. Weather Conditions

- A. Clear
- B. Cloudy
- C. Drizzling
- D. Foggy
- E. Rainy
- F. Snowy
- G. Stormy
- H. Sunny

10. Road Conditions

- A. Damp
- B. Dry
- C. Dry with patches of ice
- D. Iced over
- E. Snowed over
- F. Wet

Describe moment of impact

11. Body position at the time of impact

- A. Leaning forward
- B. Slouched down in seat
- C. Straight
- D. Turned to the left
- E. Turned to the right

12. Direction body was thrown

- A. Backward then forward
- B. Forward then backward
- C. To the left
- D. To the right
- E. Outside of the vehicle
- F. Under the vehicle

13. Head position at impact

- A. Straight
- B. Tilted forward
- C. Turned to the left
- D. Turned to the right

14. Position head was thrown

- A. Backward then forward
- B. Forward then backward
- C. Side to side

15. Type of restraint

- A. Lap belt
- B. Shoulder belt
- C. Shoulder and lap belt

16. Place injured was seated in the vehicle

- A. Driver
- B. Front passenger
- C. Back passenger right side
- D. Back passenger left side
- E. Back passenger middle
- F. Other: _____

17. Did air bags deploy

- A. Yes
- B. No

18. Were you seen at a medical facility following your incident

- A. Yes
- B. No

If YES, name of facility:

Signature OR If under 18, guardian signature:
