PERSONAL INJURY QUESTIONNAIRE

Name: _____ Date of Accident: _____

Where did the accident happen? Describe the accident in your own words: _____

_____

_____

_____

_____

Make, Model, and Year of vehicle: _____

What was your position in the vehicle?

❒ Driver: If driver, were your hands on the steering wheel? ❒ Left ❒ Right ❒ Both

❒ Passenger: If passenger, were you sitting in ❒ Front ❒ Right Rear ❒ Left Rear

Did you strike another vehicle? ❒ Yes ❒ No

Was your vehicle struck by another vehicle? ❒ Yes ❒ No

Angles of impact . . . First Collision: ❒ Front ❒ Back ❒ Left ❒ Right

If Second Collision: ❒ Front ❒ Back ❒ Left ❒ Right

Were you wearing a seat belt? ❒ Yes ❒ No

Did you brace for impact? ❒ Yes ❒ No . . . ❒ I braced with my hands ❒ I braced with my feet

Which way were you facing at the time of impact? . . . ❒ Straight Ahead ❒ Left ❒ Right

Did the air bag deploy? ❒ Yes ❒ No

Did you strike anything in the vehicle at time of impact? ❒ Yes ❒ No

If yes, specify what part of your body struck what struck what: i.e., head, chest, chin, shoulder, Right/Left knee

❒ Steering Wheel _____ ❒ Dashboard _____

❒ Windshield_____ ❒ Roof _____

❒ Left Side Door _____ ❒ Right Side Door _____

❒ Left Side Window _____ ❒ Ride Side Window _____

❒ Other _____

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

Immediately following the accident, how did you feel? ❒ Dizzy/Dazed ❒ Disoriented ❒ Unconscious

❒ Nervous ❒ Nauseous ❒ Upset ❒ Weak ❒ Other _____

Did you go to the hospital? ❒ Yes ❒ No

If Yes, Were you admitted to the hospital? ❒ Yes ❒ No For how long? _____

When did you go to the hospital? ❒ At time of accident ❒ Next Day

How did you get to the hospital? ❒ Ambulance ❒ Police Car ❒ Private Transportation

Name of Hospital: _____

Attended by Dr. _____

Have you seen any other doctor as a result of this accident? ❒ Yes ❒ No

Doctor's Name: _____

_____