



Auto Accident Questionnaire

1. What was the date of the accident? _____
2. How many vehicles were involved in the accident? _____
3. What city and state did the accident occur in? _____
4. What type of impact was the auto accident? _____
5. Did your vehicle hit anything after the accident? If yes, please describe

6. Where were you sitting in the vehicle during the accident?

- 7 Did you know the accident was coming? _____
8. What type of vehicle were you in? _____
9. What type of vehicle impacted yours? _____
10. At the time of the impact, how fast was your vehicle moving? _____
11. At the time of impact, how fast was the other vehicle moving? _____
12. During and after the crash what happened to your vehicle? (Circle all that apply)
 - Kept going straight
 - Kept going straight hitting a car in front
 - Was hit by another vehicle
 - spun around
 - spun around and hit a stationary object
 - hit a stationary object
13. Did you lose consciousness during the accident? -Yes - no
14. How was your head positioned during the accident?

15. How was your torso positioned during the accident?

16. How were your hands positioned during the accident?

17. Did your head hit anything during the accident? -No - yes, please describe _____

18. Did your face hit anything during the accident? -No - yes, please describe_____

19. Did your shoulders hit anything during the accident? -No - yes, please describe_____

20. Did your neck hit anything during the accident? -No - yes, please describe_____

21. Did your chest hit anything during the accident? -No - yes, please describe_____

22. Did your hips hit anything during the accident? -No - yes, please describe_____

23. Did your knees hit anything during the accident? -No - yes, please describe_____

24. Did your feet hit anything during the accident? -No - yes, please describe_____

25. Where was the headrest positioned on your head?

26. Did you have your seatbelt on during the accident? - Yes -No

27. Did you slide out of your seatbelt during the accident? _____

28. Did you go to the hospital? If no, why and do not answer 29-34

29. How did get to the hospital? _____

30. What was the name of the hospital? _____

31. Were you hospitalized over night? _____

32. Circle what you were prescribed at the hospital
- Pain medication - muscle relaxors - neck brace

33. Did you receive any stitches for any cuts at the hospital? _____

34. Were x rays taken at the hospital? If yes, which area was taken?
