



Auto Accident

Date of accident: _____

Your role was (circle one): Back seat passenger, Front seat passenger, Driver of motorcycle, Other, Driver with (left/right) hand on the wheel, Driver with both hands on the wheel

What was the vehicle's status? _____

What area of the vehicle was impacted? _____

It was (circle one): Dawn, Dusk, Full Daylight, Night

Road conditions were (circle one): Damp, Dry, Icy, Nasty, Snow covered, Wet

Rate the visibility (circle one): Excellent, Fair, Good, Poor

What type was the other vehicle involved? _____

What would you guess was the speed of the other vehicle? (end in 0 or 5) _____

In what position was your headrest? _____

Were you admitted to a hospital? _____ If yes, was it at the time of the accident or at a later time? _____

How did you get to the hospital? _____

What was your attending doctor's name? _____

How many days were you in the hospital? _____

Choose one –

_____ I was able to brace for impact with my (hands, feet, or knees).

_____ I was aware the accident was coming, but unable to brace.

_____ I was not aware the accident was impending.

Circle the problem for the accident:

Brightness, Darkness, Fog, Rain, Snow, Traffic

Where are your injuries? _____