AUTOMOBILE ACCIDENT QUESTIONNAIRE

~ Please answer all questions completely ~

DEAR PATIENT: This information is considered confidential. Please be as neat and accurate as possible. Thank you.

NAME:_____ DATE:_____ PATIENT #:_____

PATIENT'S AUTO INSURANCE CO.: _____
POLICY #: _____ CLAIM #: _____
NAME OF YOUR INSURANCE ADJUSTER:_____
PHONE #: _____ FAX #: _____

NAME OF DRIVER OF OTHER VEHICLE : _____ PHONE #: _____
OTHER DRIVER INSURANCE CO.:_____ PHONE #: _____
INSURANCE ADJUSTER: _____
POLICY #: _____ CLAIM #: _____

Name of driver of vehicle if you were a passenger:_____
Other drivers insurance company: _____ Policy #: _____ Phone #: _____
Insurance adjuster: _____ Claim #: _____

HAVE YOU RETAINED AN ATTORNEY? ( ) YES ( ) NO
ATTORNEY NAME: _____ PHONE #: _____

DATE OF ACCIDENT: _____ TIME OF ACCIDENT _____ CITY & STATE _____

You were heading: North (___) South (___) East (___) West (___)
On (street or highway) _____
Other vehicle was heading: North (___) South (___) East (___) West (___)
On (street or highway) _____
Road conditions at the time of accident: Wet (___) Dry (___) Icy (___) Other (___)
Did the police come to the accident scene? Yes (___) No (___)
Were you taken to the hospital? Yes (___) No (___)
If yes, what hospital? _____ How did you get to hospital? _____
What parts of your body were x-rayed at the hospital? _____
What treatment was given? _____
What was the diagnosis? _____
Was another doctor consulted after your accident? Yes (___) No (___) Doctor's name:_____
What treatment was given? _____
What was diagnosis? _____

THE FOLLOWING QUESTIONS PERTAIN TO YOU, THE PATIENT AND THE VEHICLE YOU WERE IN:

Where were you seated in the vehicle?_____
Were you aware of the approaching collision prior to impact, or did the impact catch you by surprise?_____
Did you lose consciousness (black out) upon impact? Yes (___) No (___)
If you did lose consciousness, estimate for how long_____
How far is the top of the headrest or seatback from the top of your head (approximately) ____inches above / below
Were you wearing a seatbelt? Yes (___) No (___)
If "yes" was it a lap seatbelt or a shoulder-lap seatbelt? _____
List the year, make, and model of the vehicle you were in: Year_____; make _____; model _____
Was your car stopped at the time of impact? Yes (___) No (___)
If "yes" was the driver's foot also on the brake? Yes (___) No (___)
If "no" please estimate the speed of the vehicle you were in _____ m.p.h.

CONTINUED: QUESTIONS PERTAINING TO THE PATIENT AND THE VEHICLE:

If the vehicle was moving at the time of impact, was it:

Slowing down?	Yes (___)	No (___)
Gaining speed?	Yes (___)	No (___)
Traveling at a steady rate of speed?	Yes (___)	No (___)

Please describe in detail, to the best of your knowledge, what happened during this accident:

_____
_____
_____
_____
_____
_____
_____
_____

What bleeding cuts did you get during this accident? _____
_____
What bruises did you get during this accident? _____
On what part of the auto did the following body parts hit:

- Head hit _____
- Chest hit _____
- Right/left shoulder hit _____
- Right/left arm hit _____
- Right/left hip hit_____
- Right/left leg hit _____
- Right/left knee hit _____
- Other _____

What is the cost damage to the vehicle you were in? _____
What of the following car parts broke during the accident:

- Windshield (___) Front seat back (___) Right/left side window (___) Steering wheel (___)
- Other: _____

Was the trunk of your body pointed straight forward at the time of collision? Yes (___) No (___)
If "no", which direction was it turned and by how much? _____

THE FOLLOWING QUESTIONS PERTAIN TO THE OTHER VEHICLE INVOLVED IN THE ACCIDENT:

What is the year, make, and model of the other vehicle?
Year _____ Make _____ Model _____
Was the other vehicle moving at the time of the collision? Yes (___) No (___)
If "yes", what was its approximate speed? _____ m.p.h.
If the other vehicle was moving at the time of collision, was it:

- Slowing down? Yes (___) No (___)
- Gaining speed? Yes (___) No (___)
- Traveling at a steady rate of speed? Yes (___) No (___)