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AUTO ACCIDENT QUESTIONAIRE

Name: ______________________ Today's Date: ______________________

Date of Accident: ______________________ Time of Accident: ______________________

City of Accident: ______________________ Street of Accident: ______________________

Your Insurance Co.______________________ Your Claim Number ______________________

Party at Fault: ______________________ Their Insurance Co. ______________________

Road conditions at the time of Accident: (circle one) WET DRY ICY OTHER: ______________________

Did the police come to the Accident? ☐ Yes ☐ No Were you taken to a hospital? ☐ Yes ☐ No

If 'Yes', what is the name of the hospital? ______________________

What city is the hospital in? ______________________

The following questions pertain to you the patient, and the vehicle you were in:

1.) **Where,** were you seated in the vehicle? ______________________

2.) Were you aware of the approaching collision prior to the impact, or did the impact catch you by surprise?

____

3.) Did you lose consciousness (black out) upon impact? ______________________

4.) If you did lose consciousness, estimate for how long: ______________________

5.) How far is the top of the headrest from the top of your head (approximately)? ________ inches ☐ above or ☐ below?

6.) Were you wearing a seatbelt? ☐ Yes ☐ No If yes, was it a : ☐ shoulder-lap or ☐ an older belt-lap seatbelt?

7.) List the Year __________ Make ______________ and Model __________________ of the vehicle you were in.

8.) Was your vehicle stopped at the time of impact? ☐ Yes ☐ No

If **YES** was the driver's foot also on the brake? ☐ Yes ☐ No

If **NO** then estimate the speed of the vehicle you where in MPH:___________

9.) If the vehicle was moving at the time of impact was it:

☐ slowing down ☐ gaining speed ☐ traveling at a steady rate of speed?

10.) Please describe to the best of your knowledge what happened during this accident?

____

____

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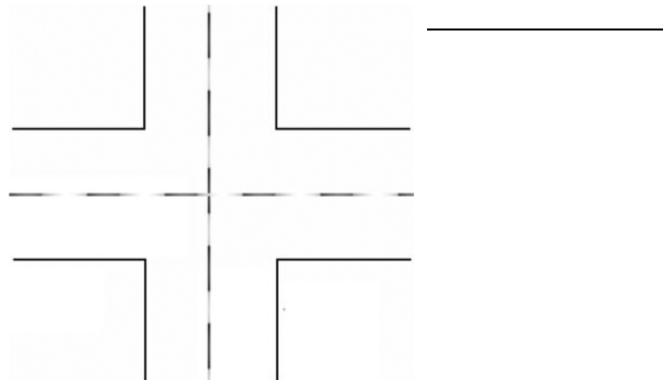
____

Draw on the diagram the direction and position of the vehicles and label each one.



Your vehicle # 1 ______________________

At fault vehicle # 2 ______________________

Other vehicle # 3 ______________________

Other vehicle # 4 ______________________

Name: ______________________________

11.) List any bleeding cuts you received ______________________________

12.) List any areas of bruising ______________________________

13.) Did the airbag deploy? ☐ Yes ☐ No

14.) If any of the following body parts hit some part of the interior of the vehicle please list them;

Head hit: ______________________________

Chest hit: ______________________________

☐ Lt ☐ Rt shoulder hit: ______________________________

☐ Lt ☐ Rt arm hit: ______________________________

☐ Lt ☐ Rt hand hit: ______________________________

☐ Lt ☐ Rt hip hit: ______________________________

☐ Lt ☐ Rt leg hit: ______________________________

☐ Lt ☐ Rt knee hit: ______________________________

☐ Lt ☐ Rt foot hit: ______________________________

Any other area: ______________________________

15.) Is there an estimated cost of damage to the vehicle you were in?: ______________________________

16.) Which of the following parts of your vehicle broke? ☐ Windshield ☐ Front seatback ☐ Steering wheel

☐ Lt ☐ Rt Side window ☐ Arm rest ☐ Seatbelt Other: ______________________________

17.) Was the trunk of your body pointed straight forward at the time of the collision? ☐ Yes ☐ No

If 'No', which direction was it turned? ______________ and by how much? ______________

18.) Was your head pointed straight forward at the time of the 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:

1.) List the Year ____________ Make ____________ and Model ____________ of the other vehicle

2.) Was the other vehicle moving at the time of the collision? ☐ Yes ☐ No

3.) If the other vehicle was moving at the time of the collision, was it?

☐ slowing down ☐ gaining speed ☐ traveling at a steady rate of speed

If you have been in previous auto accidents, please list the year each was in:

1.) ______________________________ 2.) ______________________________

3.) ______________________________ 4.) ______________________________