

Patient Name _____ Date _____
Date of Injury _____ ID# / DOB _____

B. Motor Vehicle Accident Information

1. Did the police arrive at the accident?
 Yes No
2. How was your vehicle hit?
 Rear end Head on Side swipe
OR Did your vehicle hit another vehicle/object?
 Rear end Head on Side swipe
If you were hit from behind, was your vehicle pushed forward upon impact?
 Yes No If yes, how much?

Did your vehicle hit anything else after the initial impact?
 Yes No
Explain _____

3. Were you at a stop or moving at the time of impact?
 Stopped Moving
If you were stopped, was your foot on the brake?
 Yes No
If you were moving, were you:
 Increasing speed
 Decreasing speed
 Traveling at a steady speed
Was the other vehicle moving at the time of impact?
 Yes No
If yes, was it: Increasing speed Decreasing speed
 Traveling at a steady speed
4. Where were you seated in the vehicle?

5. Which way was your head facing upon impact?

6. Were you aware of the approaching vehicle or did the impact catch you by surprise? Aware Surprise
7. Did you lose consciousness?
 Yes No

8. Were you wearing a seat belt? Yes No
 Lap belt Shoulder harness Both
9. Is your vehicle equipped with an airbag?
 Yes No
Did it activate? Yes No
10. Is the top of your head rest:
 Above your head below your head
Does your head touch the head rest?
 Yes No
If no, how far in front of the head rest is your head?

11. What were the road conditions?
 Wet Dry Icy Oily
12. What type of vehicle were you in? (Make, model, year)

What type of vehicle hit you? (Make, model, year)

13. Did any part of your body come into contact with the vehicle?
 Yes No
Explain _____

Did any parts of the vehicle break?? Yes No
Explain _____

14. Check all of the following symptoms that you have experienced since the accident:
 Loss of memory _____
 Loss of balance _____
 Visual disturbances _____
 Hearing difficulties _____
 Difficulty breathing _____
 Sleep disturbances _____
15. Anything else you want to tell me about the accident or how you feel?

Signature _____

Date _____