
Auto Accident History

Date of Accident ___/___/____, Relative Speed of your vehicle ___ MPH, Relative Speed of the other vehicle ___ MPH

Did the vehicle you were in rollover? (Circle Appropriate) Yes- - No

Did your seat have a head restraint? (Circle Appropriate) Yes- -No If Yes, was it in the: Up position- -Down position- - Don't Know

Where was your vehicle struck? (Circle Appropriate) Rear- -Front- -Right Side- -Left Side- -Right front corner- -Left front corner
Right rear corner- -Left rear corner

Your position in the vehicle was: (Circle Appropriate) Driver- -Right Front Passenger- -Center Front Passenger
Right Rear Passenger- -Center Rear Passenger- -Left Rear Passenger

What time of day was it when the accident occurred? (Circle Appropriate) Daylight- -Dawn- -Dusk- -Dark

What were the road conditions? (Circle Appropriate) Dry- -Damp- -Wet- -Snow Covered- -Icy

Were you wearing a seatbelt at the time of impact? (Circle Appropriate) Yes- -No

Were the brakes applied at the time of impact? (Circle Appropriate) Yes- -No- -Unknown

Did the air bags deploy at the time of impact? (Circle Appropriate) Yes- -No- -No Air Bag

Did your seat break at the time of impact? (Circle Appropriate) Yes- -No- -Unknown

Your body position at impact? (Circle Appropriate) Upright- -Leaning Forward- -Turned Left- -Turned Right- -Unknown

Your head position at impact? (Circle Appropriate) Not Turned- -Turned Left- -Turned Right- -Unknown

Did you know the accident was about to occur? (Circle Appropriate) Yes- -No

Where did the accident occur? _____

Description of Accident _____

Did any part of your body strike the vehicle? _____

Your vehicle was: (Circle Appropriate) Compact- -Mid-Size- -Full Size Car- -Minivan- -Van- -Small Truck- -Full Size Truck- -SUV
Tractor Trailer- -Bus

The other vehicle was: (Circle Appropriate) Compact- -Mid-Size- -Full Size Car- -Minivan- -Van- -Small Truck- -Full Size Truck- -SUV
Tractor Trailer- -Bus

Where did you go after the accident: Home- -School- -Work- -Emergency Room by ambulance- -Emergency Room on your own
Emergency Room by Another Person- -Other _____

Did you lose consciousness after the accident? (Circle Appropriate) Yes- -No