

Patient Name: _____ Date of Birth: _____

Date of Accident: _____ Time of Accident: _____

Location of Accident: _____

Police Investigation by: Washington State Patrol City Police County Police Other _____ No investigation

Road Conditions: Wet Dry Icy Other _____

Where were you seated in the vehicle? Driver Passenger If passenger, where were you seated? _____

Were you aware of the approaching collision prior to impact or did the impact catch you by surprise? _____

Did you lose consciousness (blackout) upon impact? Yes No If yes, how long? _____

How far is the top of the headrest from the top of your head? _____ inches

Were you struck from: Behind Front Leftside (driver) Right side (passenger)

Were you wearing a seatbelt? Yes No

If yes, what type? Lap Shoulder and lap

Is your car equipped with air bags? Yes No

If yes, did the air bags deploy? Yes No

Was your car stopped at the time of impact? Yes No

If yes, was your foot in the break? Yes No

If your foot was on the break, was it pressing down? Slightly Moderately Strongly

If no, then estimate the speed of the vehicle you were in: _____ mph

Was the vehicle: Speeding up Steady rate of speed Slowing down

Was the other vehicle moving at the time of the collision? Yes No

If yes, what was the approximate speed? _____ mph

If yes, was the vehicle: Speeding up Steady rate of speed Slowing down

Please describe to the best of your knowledge what happened during the accident: _____

What type of car were you in (year, make, model)? _____

What type of car impacted with your vehicle (year, make, model)? _____

What bruises or cuts did you get from the accident? _____

Did your body hit any part of the car? _____

What position was your head facing upon impact? _____

Was your vehicle pushed forward from the impact? Yes No

If yes, how far? More than a half car length One car length One-half car length Less than one-half car length Not at all

Did your car hit anything after it was hit? Yes No If yes, what? _____

What was the cost damage to the vehicle you were in? _____

What of the following car parts broke during the accident?

Windshield Right/left side window Steering wheel Front/back seat Other _____

Did you seek medical attention at the time of accident?

Emergency room Physician / Doctor Urgent Care Other _____