AUTOMOBILE ACCIDENT QUESTIONNAIRE

Name: _____ Today's Date: ___/___/___

ACCIDENT DETAILS:

Date of Accident: ___/___/___ Time of Day: _____ AM PM Location of Accident: _____

City or town in which accident took place: _____ State: _____

What time of day did the accident occur? ☐Daylight ☐Dawn ☐Dusk ☐Dark

What were the road conditions? ☐Dry ☐Wet ☐Snow ☐Ice

Were you a ☐Driver ☐Front seat passenger ☐Rear seat passenger ☐ Pedestrian
Name of Driver (if not you): _____

Make and Model of the car you were riding in: _____

Make and Model of the other car that was involved in the accident: _____

Were you struck from ☐ Behind ☐ Right Side ☐ Left Side ☐ Front

Was your vehicle ☐ stopped to make a turn ☐ stopped for a traffic signal ☐ parked ☐ moving at the time of impact

Other: _____

Describe in detail how the accident occurred: _____

_____

_____

What was the estimated speed of your car at the time of the accident? _____ MPH

What was the estimated speed of the other car at the time of the accident? _____MPH

Were you looking straight ahead, to the left, or to the right? ☐ Straight Ahead ☐ To the Left ☐ To the Right

Where was your left hand placement at the time of the accident? ☐ Steering wheel ☐ Arm rest ☐ Other:_____

Where was your right hand placement at the time of the accident? ☐ Steering wheel ☐ Gear shift ☐ Other:_____

What type of head rests are installed in the car you were in? ☐None ☐Fixed ☐ Adjustable ☐Don't know

<u>If adjustable head rests</u>, Was the position of the head rest altered by the crash? ☐Yes ☐No

Was your seat broken during the accident? ☐Yes ☐No Was the position of the seat back altered by the collision? ☐Yes ☐No

Did any part of your body strike anything in the car? ☐Yes ☐No Describe in detail:_____

_____

Were you wearing a seat belt? ☐ Yes ☐ No <u>If yes</u>, ☐Lap belt only ☐Lap belt and shoulder harness

Did the air bag deploy? ☐Yes ☐No <u>If Yes,</u> Were you struck by the air bag? ☐Yes ☐No

Were the brakes applied at the time of the collision? ☐Yes ☐No ☐Don't know

Were you aware that you were going to be in a crash, right before it happened? ☐Yes ☐No

After the initial crash, did your vehicle strike any other objects? ☐Yes ☐No Explain:

_____

Were you wearing a hat or a pair of glasses at the time of the accident? ☐Yes ☐No If Yes, were they on after the accident?_____

Were you rendered unconscious as a result of the collision? ☐ Yes ☐ No If Yes, for how long?_____

Were you taken to the hospital after the accident? ☐ Yes ☐ No By ambulance or private car? _____

Were you taken to the hospital *immediately* after the accident? ☐ Yes ☐ No

If not, how much time had elapsed before you went to the hospital? _____

Which hospital were you taken to? _____

Please describe in detail what, if anything, was done at the hospital:

_____

_____

Have you been x-rayed since the accident? ☐ Yes ☐ No If so, where? _____

Have you received an MRI since the accident? ☐ Yes ☐ No If so, where? _____

Have you lost any days of work as a result of the accident? ☐ Yes ☐ No If yes, how many days have you lost? _____

Have you ever been in a previous auto accident or workman's compensation case? Describe all instances, giving approximate dates of the accidents, as well as the injuries sustained, and names of attorneys who represented you.

Date of Accident: ____/____/____ Injuries sustained: _____

Name of Attorney in That Case: _____ Were you a Medicare Patient at the Time? ☐ YES ☐ NO

Approximate Year / Date When Case Settled or Was Resolved: _____

Were you left with any residual pain or disablity from this accident: ☐ YES ☐ NO If yes, Explain:_____

Date of Accident: ____/____/____ Injuries sustained: _____

Name of Attorney in That Case: _____ Were you a Medicare Patient at the Time? ☐ YES ☐ NO

Approximate Year / Date When Case Settled or Was Resolved: _____

Were you left with any residual pain or disablity from this accident: ☐ YES ☐ NO If yes, Explain:_____

Did the police come to the scene of the accident? ☐Yes ☐No If Yes, Which police department? _____

Did a police officer write up a police report on the accident? ☐ YES ☐ NO

Do you have a copy of the police report? ☐ YES ☐ NO *(if yes, please provide our office with a copy of this report)*

Was a ticket or citation issued by a police officer as a result of the accident? ☐ Yes ☐ No

Who received the ticket or citation? _____

Do you know the estimated amount of damage to your vehicle? ☐Yes ☐No Amount: $_____

What is the estimated damage to the other vehicle? ☐None ☐Minimal ☐Moderate ☐Major ☐Don't know

Do you have any information, including insurance information, concerning the other parties involved in the accident? ☐ Yes ☐ No

(If yes, please provide our office with a copy of this information)

Did the accident involve a *hit-and-run* driver? ☐ YES ☐ NO

Are you, yourself, licensed to drive? ☐ YES ☐ NO *(please provide our office with a copy of your license)*

Was the car in which you were at the time of the accident registered? ☐ YES ☐ NO *(please provide a copy of the registration)*

Were you in your own vehicle or someone else's at the time of the accident? Check one.

☐ My own vehicle ☐ my spouse's ☐ my parent's ☐ a friend's ☐ other

If you were in someone else's vehicle, answer the following:

Name of Owner: _____

Address of Owner: _____

Do you reside with a family member who owns their own vehicle or is insured under some other auto policy? – Automobile insurance laws in applicable states require this info (check all that apply)

☐ Spouse ☐ Father ☐ Mother ☐ Guardian / Foster Parent ☐ Grandparent ☐ Sister / Brother ☐ Child ☐ None

Your Auto Insurance Company (at the time of accident): _____ Phone or City: _____

Agent: _____ Phone or City: _____

Was there any property damage to either of the vehicles as a result of the accident?

☐ both vehicles ☐ the other person's vehicle ☐ the vehicle I was in ☐ Neither vehicle was damaged

Have you been contacted by an adjuster from the other party's insurance company regarding this claim? ☐ YES ☐ NO

Adjuster: _____ Company: _____ Phone: _____

Check all that apply: ☐ I have settled my personal injury claim with this company ☐ I have settled the property damage claim

☐ I have signed an agreement which will pay my medical expenses for a period of time (explain):

_____

☐ I have not signed any agreement, nor settled any portion of my claim.

Are you currently represented by an attorney? ☐ Yes ☐ No If NO, do you wish to retain an attorney ☐ Yes ☐ No

Name of Attorney: _____ Phone or City: _____

Patient Name (printed)_____ _____ Patient signature _____ Date_____