

# MOTOR VEHICLE ACCIDENT HISTORY

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Location of accident and direction you were headed: \_\_\_\_\_

Driver of car \_\_\_\_\_ Where were you seated? \_\_\_\_\_

Who owns the car? \_\_\_\_\_ Approximate damage to your car: \$ \_\_\_\_\_

Make/model of your car \_\_\_\_\_ Make/model of other vehicle \_\_\_\_\_

Visibility at time of accident:  poor  fair  good  other \_\_\_\_\_

Road condition:  icy  rainy  wet  clear  dark  other \_\_\_\_\_

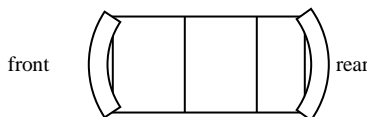
Were the police on the scene?  yes  no What is the police report number? \_\_\_\_\_

Has any investigation been done?

List other passengers or witnesses:

Where was your car struck?

In your own words, describe the accident:



Type of collision:

head on  broadside  front impact  rear-end car in front  rear impact  no collision

Recall what parts of your head or body hit what parts of the car \_\_\_\_\_

Did you see the accident coming?  yes  no

Did you brace for impact?  yes  no

Were seatbelts worn?  yes  no

Was shoulder harness worn?  yes  no

Does your car have headrests?  yes  no

Was shoulder harness  loose  snug

If yes, what was the position of the headrests?

Top of headrest even with **bottom** of head

Top of headrest even with **top** of head

Top of headrest even with **middle** of neck

Was your car braking?  yes  no

Was your car moving at the time of impact?  yes  no

Head/body position at time of accident:

Head turn left/right

Head looking back

Head straight forward

Body rotated left/right

Body straight in sitting position

Other:

What is the last thing you remember **before** impact?

What is the first thing you remember **after** impact?

Were you wearing a hat or glasses?  yes  no

Could you move all parts of your body?  yes  no

If no, what parts couldn't you move, and why?

Were you able to get out of the car and walk unaided?  yes  no

If no, why not?

Did you get any bleeding cuts or bruises?  yes  no If yes, where?

Do you have photos of the vehicle(s) and/or cuts or bruises?

Describe how you felt: Immediately after the accident?

Later that day?

The next day or two?