Motor Vehicle Accident Survey
(Please circle a response for each question)

1. What was your position in the vehicle?
   a. Driver
   b. Rear right passenger
   c. Front passenger
   d. Rear left passenger

2. What type of vehicle were you driving/riding?
   a. Compact car
   b. Mid sized car
   c. Full sized car
   d. SUV
   e. Truck
   f. Mini van

3. What speed were you traveling at the time of the accident?
   a. Stopped at a light
   b. Slowed down at an intersection
   c. At a complete stop
   d. Moving slowly
   e. Traveling at approximately _____ MPH

4. Who hit whom?
   a. Was struck by another vehicle
   b. Struck another vehicle
   c. Struck a stationary object

5. What was your vehicles point of impact?
   a. On the front middle
   b. On the front right
   c. On the front left
   d. On the middle read
   e. On the right rear
   f. On the left read
   g. On the right side front quarter panel
   h. On the left side front quarter panel
   i. On the right side rear quarter panel
   j. On the left side rear quarter panel
   k. On the middle right side
   l. On the middle left side

6. What speed was the other vehicle traveling?
   a. Stopped at a light
   b. Slowing down at an intersection
   c. Moving slowly
   d. Merging into traffic
   e. Traveling at _____ MPH

7. What was the other vehicles point of impact?
   a. On the front middle
   b. On the front right
   c. On the front left
   d. On the middle read
   e. On the right rear
   f. On the left read
   g. On the right side front quarter panel
   h. On the left side front quarter panel
   i. On the right side rear quarter panel
   j. On the left side rear quarter panel
   k. On the middle right side
   l. On the middle left side

8. Were you wearing seat restraints? Yes No
   a. Full lap and shoulder restraint
   b. Lap restraint

9. In what position was your vehicle headrest?
   a. Lowest position
   b. Highest position
   c. Middle position
   d. Vehicle not equipped with a headrest

10. Did your vehicle's air bag deploy? Yes No

11. Were you prepared for the impact?
    a. I was completely surprised by the accident
    b. I was the collision coming.
    c. I saw the collision coming and braced appropriately.

12. What position was your body in just prior to the impact?
    a. Straight position
    b. Tilted forward position
    c. Position rotated to the left
    d. Position rotated to the right
    e. Position that cannot be remembered

13. What happened to your body at the moment of impact?
    a. My body was tensed for the impact
    b. My body was whipped violently forward and backward
    c. My body was violently torqued and twisted
    d. My body was thrown over the seat
    e. My body was thrown from the vehicle
    f. My body was pinned in the vehicle
    g. My body was badly cut and bruised

14. What was your emotional state immediately following the accident?
    a. I was not rendered unconscious by the impact of the accident
    b. I was not rendered unconscious but I was shaken and disoriented
    c. I was rendered unconscious by the impact of the accident.

15. Did you receive medical attention at the scene of the accident? Yes No

16. Where did you go immediately following the accident?
    a. I was taken to the hospital
    b. I was taken home
    c. I was taken to a personal physician
    d. I was taken to this office
    e. I resumed my normal activities

17. List each of your body parts that struck the follow parts during the accident
    a. Dashboard R/L side of head
    b. Windshield R/L shoulder
    c. Steering Wheel R/L arm
    d. Right Door R/L elbow
    e. Left Door R/L wrist
    f. Seat Frame R/L knee
    g. Other R/L ankle

Comments: _____

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