MOTOR VEHICLE CRASH FORM (Page 1)

Patient Name: _____ Date: _____

Date of injury: _____ Time of injury _____ ☐ AM ☐ PM

City where crash occurred: _____ Was the street wet or dry? ☐ Wet ☐ Dry

Street (location) where crash occurred: _____

What is the estimated damage to your vehicle? $_____

Who made damage estimates on your vehicle? _____

Who owns the vehicle you were involved in: _____

☐ Yes, ☐ No Did the police come to the accident scene?

☐ Yes, ☐ No Did the police make a written report?

☐ Yes, ☐ No Were any photographs taken of your vehicle? If yes, who took them:

DESCRIBE HOW THE CRASH HAPPENED

_____

_____

_____

_____

COLLISION DESCRIPTION-TYPE

Check all that apply to you. Indicate which type of car crash were you involved in:

☐	Single-car crash	☐	Two-vehicle crash	☐	Three or more vehicles
☐	Rear-end crash	☐	Side crash	☐	Rollover
☐	Head-on crash	☐	Hit guard rail, tree, or object	☐	Ran off the road
☐	Other (Describe):				

INDICATE YOUR SEATING POSITION

☐	Driver	☐	Front passenger	☐	Left rear passenger	☐	Right rear passenger

DESCRIBE THE VEHICLE YOU WERE IN:

Model, Make, and Year:					
☐	Small-sized car	☐	Mid-sized car	☐	Large-sized car
☐	Pick-up truck	☐	Van	☐	Sport Utility Vehicle
☐	2 Door vehicle	☐	4 Door vehicle	☐	Large truck, bus, or semi-truck
☐	Sedan	☐	Hatchback	☐	Stationwagon
☐	Other (Describe):				

DESCRIBE THE OTHER VEHICLE (If not certain, leave blank):

Model, Make, and Year: ☐ Unknown					
☐	Small passenger car	☐	Mid-sized passenger car	☐	Van
☐	Pick-up truck/sports utility	☐	Large-sized passenger car	☐	Large truck, bus, or semi-truck

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AT THE TIME OF IMPACT YOUR VEHICLE WAS:

☐	Slowing down	☐	Gaining speed
☐	Stopped	☐	Moving at steady speed

AT THE TIME OF IMPACT THE OTHER VEHICLE WAS:

☐	Slowing down	☐	Gaining Speed	☐	Unknown speed
☐	Stopped	☐	Moving at steady speed	☐	Other:

DURING AND AFTER THE CRASH, YOUR VEHICLE:

☐	Kept going straight, not hitting anything	☐	Spun around, not hitting anything
☐	Kept going straight, hitting car in front	☐	Spun around, hitting another car
☐	Was hit by another vehicle	☐	Spun around, hitting object other than car

INDICATE IF YOUR BODY HIT SOMETHING OR WAS HIT BY ANY OF THE FOLLOWING: Please draw lines from the body regions on the left side and match to the right side.

BODY REGION	OBJECT YOU HAD CONTACT WITH
Head	Windshield or side window
Face	Steering wheel
Shoulder	Side door
Arm/hand	Dashboard
Front chest wall	Knee bolster/glove compartment
Side chest wall	Seatbelt
Hip/abdomen	Frame of car near windows or doors
Knee	Roof of vehicle
Leg	Another occupant/animal
Foot	Other

CHECK IF ANY OF THE FOLLOWING VEHICLE PARTS BROKE, BENT, OR WERE DAMAGED IN YOUR CAR:

☐ Windshield	☐ Seat frame	☐ Knee bolster
☐ Steering wheel	☐ Side-rear window	☐ Other
☐ Dash	☐ Mirror	☐ Other

ALL TYPES OF COLLISIONS Indicate those relevant to your case.

YES	NO	
☐	☐	Did any of the front or side structures, such as the side door, dashboard, or floorboard of your car dent inward during the crash?
☐	☐	Did the side door touch your body during the crash?
☐	☐	Did your body slide under the seatbelt?
☐	☐	Was the door(s) of your vehicle damaged to point where you could not open the door?
☐	☐	Did an airbag deploy in your vehicle during the crash? If yes, circle (side air bag/front air bag)
☐	☐	Were you intoxicated (alcohol) at the time of crash?

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SEATBELT USAGE AND STEERING WHEEL HAND PLACEMENT:

YES	NO	
☐	☐	Were you wearing a seatbelt? If yes, does your seatbelt have a: ☐ Lap and Shoulder Strap, ☐ Lap belt only
☐	☐	Indicate if you had any portion of your seatbelt positioned behind your back or shoulder.
☐	☐	Were you holding onto the steering wheel (driver only) at the time of impact? If yes, Indicate where each hand was positioned (Use time clock face as your reference point) Left hand: ☐ Not on wheel, ☐ Yes, hand at ____ o'clock, ☐ Hand elsewhere Right hand: ☐ Not on wheel, ☐ Yes, hand at ____ o'clock, ☐ Hand elsewhere

REAR-END COLLISIONS ONLY Answer this section only if you were hit from the rear.

Describe your vehicle's head restraint system:

☐ Movable/adjustable head restraint
☐ Fixed, non-moveable head restraint
☐ No headrests in my vehicle
☐ Bench seat in your vehicle without head restraint

Please indicate how your <u>head restraint</u> was positioned at the time of crash (if present):

☐ At the top of the back of your head
☐ Midway height of the back of your head
☐ Lower height of the back of your head
☐ Located at the level of your neck
☐ Level of your shoulder blades

BRUISING AFTER THE CRASH

YES	NO	
☐	☐	Did your body have any bruising (areas that were visibly black and blue) after the crash? If yes indicate where: _____

CRASH AWARENESS AND YOUR BODY POSITION: Check all areas that apply to you.

☐	You were unaware of the impending collision. You did not see or hear brakes prior to the impact.
☐	You were aware of the impending crash and consciously relaxed your body before the collision.
☐	You were aware of the impending crash and consciously tightened and braced yourself.
☐	You were aware of the impending crash but did not consciously brace yourself.
☐	Your body, torso, and head were facing straight ahead at the time of the crash.
☐	You had your head and/or torso turned at the time of collision: ☐ Turned to left, ☐ Turned to right If yes, describe how far you were turned/twisted and why?
☐	You were leaning forward at the time of impact resulting in a gap between your body and the seatback. If yes, describe how far you were leaning forward and indicate why you were leaning forward:
☐	Your torso and body was positioned normally against the seatback with no gaps due to leaning/twisting