



**D. AT MOMENT OF IMPACT**

**1. Were you prepared for the accident?**

- Accident A Complete Surprise
- Aware Of Impending Collision
- And Braced For Impact

**2. Foot On Brake Pedal**

**a. Was your foot on brake pedal at impact?**  Yes  No

**b. Was it knocked off pedal by impact?**  Yes  No

**3. Use Of Restraints**

**a. Restraint Belts**

**1. Were you wearing a restraint belt?**  Yes  No

**2. What type of restraint belt were you wearing?**

- Shoulder-Lap Belt
- Shoulder Belt
- Lap Belt

**b. Headrests**

**1. Was vehicle equipped with headrests?**  Yes  No

**2. What position was the headrest in?**

- Low
- Middle
- High
- Don't Know

**c. Air Bags**

**1. Was vehicle equipped with air bags?**

- Yes
- No
- Unsure

**2. Did the air bags deploy?**  Yes  No

**4. Your Body**

**a. What was your body position at impact?**

- Straight
- Slouched Forward
- Rotated:**  Right  Left
- Don't Recall
- Other

**b. What direction was your body thrown?**

- Forward\Backward
- Backward\Forward
- Sideways
- Across Vehicle
- Outside Vehicle
- Under Vehicle
- Don't Recall
- Other

**5. Your Head And Neck**

**a. What position were your head/neck in at impact?**

- Straight
- Tilted Forward
- Rotated:**  Right  Left
- Don't Recall
- Other

**b. Through what motion were your head/neck pitched?**

- Forward\Backward
- Backward\Forward
- Sideways
- Don't Recall
- Other

**b. Right Upper Extremity (Arm)**

- Steering Wheel
- Dashboard
- Windshield
- Right Side Door
- Left Side Door
- Armrest
- Right Window
- Left Window
- Headrest
- Ceiling
- Console
- Shift Lever
- Front Seat
- Rear View Mirror
- Other

**c. Left Upper Extremity (Arm)**

- Steering Wheel
- Dashboard
- Windshield
- Right Side Door
- Left Side Door
- Armrest
- Right Window
- Left Window
- Headrest
- Ceiling
- Console
- Shift Lever
- Front Seat
- Rear View Mirror
- Other

**d. Torso**

- Steering Wheel
- Dashboard
- Windshield
- Right Side Door
- Left Side Door
- Armrest
- Right Window
- Left Window
- Headrest
- Ceiling
- Console
- Shift Lever
- Front Seat
- Rear View Mirror
- Other

**e. Right Lower Extremity (Leg)**

- Steering Wheel
- Dashboard
- Windshield
- Right Side Door
- Left Side Door
- Armrest
- Right Window
- Left Window
- Headrest
- Ceiling
- Console
- Shift Lever
- Front Seat
- Rear View Mirror
- Other

**f. Left Lower Extremity (Leg)**

- Steering Wheel
- Dashboard
- Windshield
- Right Side Door
- Left Side Door
- Armrest
- Right Window
- Left Window
- Headrest
- Ceiling
- Console
- Shift Lever
- Front Seat
- Rear View Mirror
- Other

**2. Did your body strike any other objects?**

Description Of Other Objects Your Body Hit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. RESULT OF IMPACT**

**1. Which objects in the vehicle did the force of the collision cause your body to strike?**

**a. Head**

- Steering Wheel
- Dashboard
- Windshield
- Right Side Door
- Left Side Door
- Armrest
- Right Window
- Left Window
- Headrest
- Ceiling
- Console
- Shift Lever
- Front Seat
- Rear View Mirror
- Other

**F. ADDITIONAL INFORMATION**

Additional Information About Your Automobile Accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient's Or Guardian Signature:**

**Date:**

\_\_\_\_\_  
\_\_\_\_\_