PERSONAL INJURY PROTECTION QUESTIONNAIRE

Name _____Date of accident _____ Time _____

Please describe the accident in you own words _____

_____

_____

_____

Please answer the following questions regarding your accident and injury.

1. What was you position in the car? ____ Driver ____ Passenger
   If passenger, were you in the: ____ Front ____ Right Rear ____ Left Rear

2. Were you wearing a seat belt? ____ Yes ____ No
   If so, what type? ____ Lap ____ Shoulder

3. Did your seat have a head restrain (headrest)? ____ Yes ____ No
   If so, what position was it in? ____ Low ____ Mid-position ____ High

4. Did you vehicle strike the other vehicle? ____ Yes ____ No

5. Was you vehicle struck by another vehicle? ____ Yes ____ No

6. Was the impact from the: ____ Front ____ Rear ____ Left Side ____ Right Side

7. What was the approximate speed at the time of impact?
   Your vehicle _____mph
   Other vehicle _____mph

8. What were the road conditions? ____ Dry ____ Wet ____ Icy

9. At the time of impact were you looking: ____ Straight Ahead ____ To the Right ____To the Left
   ____ Down ____Up

10. Were both hands on the steering wheel? ____Yes ____ No
    If no, which hand? ____ Left ____ Right

11. Was you foot on the brake? ____ Yes _____ No
    If no, which foot? ____ Left ____ Right

12. Were you braced at the time of impact? ____ Yes ____ No

13. Did you strike anything at the time of impact? ____ Yes ____ No
    If so, please specify. ____ Seatbelt Restraints ____ Steering Wheel ____ Dashboard
    ____ Windshield ____ Side Door ____Side Window ____ Other _____
    Please state part of body: ____ Chest ____ Head ____ Chin ____ Face ____R/L Knee
    ____ R/L Shoulder ____R/L Hand ____ Other_____

14. Immediately after the accident, were you: ____Conscious ____ Dazed ____Unconscious

15. Did you go to the hospital? ____ Yes ____ No

16. How did you get to the hospital? ____ Ambulance ____ Private Transportation
    If by ambulance, did the ambulance attendants place you in a ____ Neck Brace ____Back Brace
    ____ Other _____

17. If you went to the hospital, please answer the following:

    Name of Hospital _____

    Name of Doctor _____

    Diagnosis _____

    Treatment Received _____

Patient Signature _____ Date _____

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FOR DOCTOR'S USE ONLY

Picture

Pt Vehicle # 1

Other Vehicle # 2

____ Request medical records from:

1. _____
2. _____
3. _____

____ Requested accident report

____ Accident Questionnaire reviewed with patient by Dr. _____