

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 _____

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. _____