Auto Accident Questionnaire
Fort Wayne Chiropractic

1. In your own words, please describe the accident: ____
____
____

2. Was the accident: ☐ automobile vs automobile ☐ automobile vs object ☐ motorcycle/bicycle vs vehicle ☐ motorcycle/bicycle vs object ☐ pedestrian vs vehicle

3. Your position in vehicle: ☐ driver ☐ front seat passenger ☐ right rear seat passenger ☐ left rear seat passenger ☐ rear middle seat passenger ☐ passenger in a car seat

4. What was your type of vehicle? ☐ mini car ☐ small car ☐ midsize car ☐ large size car ☐ small size SUV ☐ mid size SUV ☐ large size SUV ☐ small size pickup truck ☐ large size pickup truck ☐ very large size pickup truck ☐ tractor trailer with load ☐ tractor trailer without load

5. What size of vehicle collided with your vehicle? ☐ mini car ☐ small car ☐ midsize car ☐ large size car ☐ small size SUV ☐ mid size SUV ☐ large size SUV ☐ small size pickup truck ☐ large size pickup truck ☐ very large size pickup truck ☐ tractor trailer with load ☐ tractor trailer without load

6. Date of accident: ____________________ Time: __________ AM / PM

7. Where did the accident occur? City: ____________________________ State: ______________

8. Were you wearing a seat belt? ☐ Yes ☐ No

9. Did the air bag deploy? ☐ Yes ☐ No

10. Did you apply your brakes? ☐ Yes ☐ No

11. Were you holding onto the steering wheel at the time of impact? ☐ Yes ☐ No

12. At the time of impact were you: ☐ Looking ahead ☐ Looking over left shoulder ☐ Looking over right shoulder ☐ Looking down ☐ Looking to the left ☐ Looking to the right

13. Did any part of your body hit the interior of the vehicle? ☐ Yes ☐ No If yes, please specify what part of your body hit what part of the car: ____
____

14. Did you receive a head injury? ☐ Yes ☐ No

15. Did you lose consciousness? ☐ Yes ☐ No

16. Where was your vehicle impacted? ☐ The front right side ☐ The front left side ☐ The front center ☐ The rear right side ☐ The rear left side ☐ The rear center ☐ The rear right side ☐ The passenger side ☐ The driver side

17. Was your vehicle: ☐ Backing up ☐ Moving forward ☐ Stopped ☐ Turning left ☐ Turning right

18. What was the approximate speed at the time of the impact? Your vehicle: _________

19. Your vehicle damage: ☐ heavy visible damage ☐ moderate visible damage ☐ slight visible damage ☐ no visible damage ☐ totaled ☐ unknown