



### Auto Injury History

Please circle the correct answer				
Was the accident on the job?	Yes	No		
You were:	Driver	Front passenger	Back passenger	
Estimated speed at time of accident	Your car: _____ mph		Other car: _____ mph	
Your vehicle was :	Stopped	Slowing down	Accelerating	
Time of day:	Dawn	Daylight	Dusk	Night
Road conditions:	Dry	Wet	Snow/Ice	Other
Head rest:	None	Integral type	Adjustable	Up / Down / ??
Seat Belt:	Lap	Shoulder	Not wearing	Don't know
Did airbags deploy?	Yes	No	Were you struck by it? Yes / No	
Hands:	One on wheel	Two on wheel	No hands	
Brakes applied:	Yes	No		
Braced for crash:	Yes	No		
Did your vehicle strike anything after crash?	Yes	No	What?	
Did you strike anything inside the car?	Yes	No	What?	
Did you lose consciousness?	Yes	No	After crash?	Yes No
Estimated damage to vehicle:				
Were police on the scene?	Yes	No		
Was a police report made?	Yes	No		
Symptoms after crash?				
When did they appear?				
Taken by ambulance?	Yes	No	Able to drive?	Yes No
Went to an ER/Urgent Care?	Yes	No	When?	
Any others injured?				

Crash Diagram

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