



## 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

## 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

#### 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:

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

## F. ADDITIONAL INFORMATION

Additional Information About Your Automobile Accident:

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

Patient's Or Guardian Signature:

Date:

\_\_\_\_\_  
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