

Auto Accident Injury Information

What was your position in the vehicle?

What type of vehicle were you driving?

What speed were you traveling at the time of the accident?

Who hit whom?

What was your vehicle's point of impact?

What speed was the other vehicle traveling?

What was the other vehicle's point of impact?

Were you wearing seat restraints?

What position were your vehicle head rests in?

Did our air bag deploy?

Were you prepared for the impact?

What position was your body in just prior to impact?

What was your mental/emotional state immediately following the accident?

Did you receive medical attention at the scene of the accident?

Where did you go immediately following the accident? _____

List each of your body parts that struck the following vehicle parts during the accident.

Dashboard _____

Windshield

Steering
Wheel _____

Right Door _____

Left Door _____

Seat Frame

Unknown Object
