

MECHANISM OF INJURY QUESTIONNAIRE

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Name: _____

Date of Collision: _____ Time: _____

Place: _____

Intersecting with: _____

Police Investigation by:

- Washington State Patrol _____ City Police
 _____ County Police No investigation

Please describe, to the best of your knowledge, what happened during this collision:

What is the last thing you remember before the collision? _____

What is the next thing you remember after the collision? _____

What type of car were you in? (Year, make and model) _____

What type of car impacted with your vehicle? (Year, make and model) _____

Road conditions at time of accident: Wet Dry Icy

Other—Describe: _____

Where were you seated in vehicle? _____

Were you aware of the approaching collision prior to impact or did the impact catch you by surprise? Aware Surprise

Were you wearing a seat belt? Yes No

If so, what type? Lap belt only Shoulder and lap belt

Did you have any bruising or tenderness on your body in the area of the seatbelt following the collision? Yes No, please describe: _____

Was your vehicle equipped with headrests? Yes No

How far is the top of the headrest from the top of your head?

Approximately ____ inches above Approximately ____ inches below

Was the headrest altered or damaged in the collision? Yes No

Did your head go back over the top of the headrest? Yes No Unsure

Is your car equipped with an air bag? Yes No

If yes, did the air bag activate? Yes No

If yes, did you receive any injury from the airbag? Yes No, please describe _____

Were you struck:

Behind Front Driver side Passenger side Other _____

Was your car stopped at the time of impact? Yes No

If no, then estimate the speed of the vehicle you were in: _____ mph

If yes, was the driver's foot on the brake? Yes No

If your foot was on the brake, was it pressing down slightly moderately strongly

If your vehicle was moving at the time of impact, was it slowing down? Yes No

If no, was your vehicle accelerating speed? Yes No

Was it traveling at a steady rate of speed at the time of impact? Yes No _____ mph

Was your vehicle pushed forward from the impact? Yes No If yes, how much?

More than one car length _____ One car length
 One-half car length _____ Less than one-half car length

Not at all

Did your car hit anything else after the first impact? _____

What is the cost damage to the vehicle you were in? _____

What of the following car parts broke during the accident? _____

a. Windshield _____	d. Front seat back _____
b. Right/Left side window _____	e. Other _____
c. Steering wheel _____	f. Other _____

Was the other vehicle moving at the time of the collision? Yes No

If yes, what was its approximate speed? Approximately _____ mph

If the other vehicle was moving at the time of collision, was it:

Slowing down? Gaining speed? Steady speed?

What direction was your head pointed at the time of the collision? _____

What was the position of your hands at the time of the collision? _____

What was the position of your legs at the time of the collision? _____

Were you wearing a hat or eyeglasses at the time of the collision? Yes No

What bruises or cuts did you get from this collision? _____

On what part of the automobile did the following body parts hit:

A. Head hit _____
B. Chest hit _____
C. Right/left shoulder hit _____
D. Right/left arm hit _____
E. Right/left hip hit _____
F. Right/left leg hit _____
G. Right/left knee hit _____
H. Other _____

What hurts? _____

When did you first notice pain or symptoms? _____