

AUTOMOBILE ACCIDENT

NAME: _____ DATE OF ACCIDENT: _____

DESCRIBE THE VEHICLE:

Your vehicle type: Sedan/Coupe Sports car Station wagon Truck SUV Van Bus

Vehicle size: Compact Mid size Full size

Position in vehicle: Driver Front passenger Rear passenger

DESCRIBE THE ACCIDENT:

Your vehicle was: Crossing intersection Stopped at intersection Stopped in traffic Turning right
Turning left Traveling at speed limit Traveling slower than speed limit

How was your vehicle hit? Head-on Was rear-ended Hit on left front Hit on left rear
Hit on right front Hit on right rear Broadsided on left side
Broadsided on right side Sideswiped on the left Sideswiped on the right
Other

Damage to your vehicle: Complete Extensive Moderate Minimal

Your vehicle was hit by a: Compact car Mid size car Full size car Truck Bus SUV

MOMENT OF IMPACT:

What was your body position at impact? Straight Leaning forward Slouched Turned left Turned right

Did you have your seat-belt on? Yes No

Did the airbag deploy? Yes No

Did you brace for impact? Yes No