

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

1. Were you the  driver  the passenger  a pedestrian  on a bicycle  on a motorcycle
2. What is the make, model and year of the car you were in: \_\_\_\_\_
3. At the time of impact were you?
  - a.  Moving  Stopped  Walking  Standing Still  Running  Bicycling
  - b.  Riding a Motorcycle  Crossing the Street
4. What part of vehicle that you were in was hit? \_\_\_\_\_
5. What were the make, model and year the car that hit you? \_\_\_\_\_
6. How was the visibility at the time of the collision?  Poor  Fair  Good
7. What were the road conditions at the time of the collision?  Clean and Dry  Wet  Icy
8. Did you see the collision coming?  Yes  No
9. Did you brace for the impact?  Yes  No
10. Were you wearing a seat belt?  Yes  Lap & Shoulder Belt  Lap Belt Only  No Belt
11. Where was the headrest positioned?
  - a.  Even with the top of your head  Even with the bottom of your head
  - b.  Even with the middle of your back  Even with your upper back
12. What was the hand position at the time of impact?
  - a.  Both hands on the steering wheel  Right or  Left hand on steering wheel
13. Direction of your head during the time of impact?
  - a.  Straight Forward  Turned Left  Turned right  Looking down  Looking up
14. Did you lose consciousness?  Yes  No
15. Did the air bags deploy?  Yes  No
16. Did the seat break?  Yes  No
17. Where any objects thrown around the car?  Yes: \_\_\_\_\_  No
18. Did any part of your body strike the inside of the car? \_\_\_\_\_  
\_\_\_\_\_
19. Did the police arrive at the scene?  Yes (Was a report filed  Yes  No)  No police at the scene
20. Who was received a ticket?  Myself  The other driver  Myself and the other driver
21. Did EMT's arrive at the scene?  Yes  No
22. Did you go to hospital?  Yes (  By Ambulance  By a friend  Drove yourself)  Did not go
23. How did your vehicle leave the scene?  Towed away  Drove it away