



MECHANISM OF INJURY QUESTIONNAIRE

Name: _____ Date: _____

Date of Accident: _____ Time: _____

Place: _____

Intersecting with: _____

Police Investigation by:

- Washington State Patrol, County Police, No investigation, City Police, Other

Road conditions at time of accident: Wet, Dry, Icy, Other

Have you opened a claim?

- No, Yes/ claim number, Adjustor's name, phone number, and insurance company

Do you have an attorney?

- No, Yes/ Name and phone #

Where were you seated in the vehicle? _____

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

Did you lose consciousness (blackout) upon impact? Yes No

If yes, can you estimate for how long? _____

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

Approximately _____ inches above, Approximately _____ inches below

Were you struck from:

- Behind, Front, Left side, Right side

Were you wearing a seat belt? Yes No

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

Is your car equipped with an airbag? Yes No

If yes, did the airbag activate? Yes No

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

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

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

If no, was the vehicle gaining speed? Yes No

Was it traveling at a steady rate of speed at the time of impact?

- Yes, No _____ mph

Number of people in your vehicle? _____

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

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

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

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, or traveling at a steady speed?

Slowing down Gaining speed Steady speed

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

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 position was your head facing upon impact? _____

Was your vehicle pushed forward from the impact? _____ 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 it was hit? _____

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

What of the following car parts broke during the accident?

_____ Windshield

_____ Front seat back

_____ Right/ left side window

_____ Other: _____

_____ Steering wheel

_____ Other: _____

Signature: _____ Date: _____