

Please Make a
Drawing to Show
What Happened:

1. Which car were you in - Striking Vehicle _____ Struck Vehicle _____

2. Size of the Striking Vehicle - Make _____ Year _____ Weight _____

3. Speed of the Striking Vehicle _____

4. Size of the Struck Vehicle - Make _____ Year _____ Weight _____

5. Speed of the Struck Vehicle _____

6. Headrest Position - Up _____ Down _____ Other _____

7. Use of Seatbelts - Yes _____ No _____

8. Type of Seatbelt - Lap _____ Shoulder and Lap _____

9. Seat back stiffness - Firm _____ Soft _____

10. Road Conditions _____

11. Direction of Impact _____

12. Were you aware of approaching collision - Yes _____ No _____

13. Position of individual within vehicle _____

14. Position of individual's head and torso at time of impact _____

15. Vehicle transmission type - Standard _____ Automatic _____

16. Did you apply vehicle's brakes - Yes _____ No _____

17. Were you unconscious - Yes _____ No _____

19. Was there a police report filed - Yes _____ No _____