Eaton Chiropractic Center

www.EatonChiropractic.net
109 Dean Street
Taunton Ma 02780
508-823-2697

Auto Accident Questionnaire

Name _____

1. What was the date of the accident?_____
2. What time did the accident occur?_____
3. How many vehicles were involved in the accident?_____
4. What was the estimated damage to the vehicle you were in? _____
5. What state did the accident occur in? _____
6. What city did the accident occur in? _____
7. What street or intersection were you on when the accident occured?
   _____
8. What direction were you traveling in? _____
9. What type of impact was the auto accident? _____

□ Rear Ended	□ Hit another vehicle from behind
□ My vehicle was hit on passenger side	□ My vehicle was hit on driver side

□ Other
_____

10. Did your vehicle hit anything after the accident?□ No □ Yes

if yes, please describe

_____

11. Where were you sitting in the vehicle during the accident?

_____

12. Did you know the accident was coming?

□ Unaware of impending collision
□ Aware & Relaxed
□ Aware & Braced

13. What type of vehicle were you in? _____

□ Subcompact	□ Compact	□ Mid Sized	□ Full Size
□ Pickup Truck	□ Mini Van	□ Van	□ Larger than 1 Ton
□ Mid size SUV	□ Large SUV	□	□

14. What type of vehicle impacted yours?

□ Subcompact	□ Compact	□ Mid Sized	□ Full Size
□ Pickup Truck	□ Mini Van	□ Van	□ Larger than 1 Ton
□ Mid size SUV	□ Large SUV	□	□

15. At the time of the impact, how fast was your vehicle moving? _____

□ Slowing Down	□ Stopped
□ Gaining Speed	□ Moving at a steady speed

16. At the time of impact, how fast was the other vehicle moving? _____

□ Slowing Down	□ Stopped
□ Gaining Speed	□ Moving at a steady speed

17. During and after the crash what happened to your vehicle? (Check all that apply)

□ kept going straight	□ spun around
□ kept going straight hitting a car in front	□ spun around and hit a stationary object
□ was hit by another vehicle	□ hit a stationary object

18. Did you lose consciousness during the accident? -yes - no

19. How was your head positioned during the accident? _____

20. How was your torso positioned during the accident? _____

21. How were your hands positioned during the accident? _____

22. Did your head hit anything during the accident? □ no □ yes

Please describe_____

23. Did your face hit anything during the accident? □ no □ yes

Please describe_____

24. Did your shoulders hit anything during the accident? □ no □ yes

Please describe_____

25. Did your neck hit anything during the accident? - □ no □ yes

Please describe_____

26. Did your chest hit anything during the accident? □ no □ yes

Please describe_____

27. Did your hips hit anything during the accident? □ no □ yes

Please describe_____

28. Did your knees hit anything during the accident? □ no □ yes

Please describe_____

29. Did your feet hit anything during the accident? □ no □ yes

Please describe_____

30. What kind of headrest was in your vehicle?
- movable fixed headrest
- nonmovable fixed headrest
- no headrest

31. Where was the headrest positioned on your head? _____

32. Did you have your seatbelt on during the accident? □ no □ yes

33. Did you slide out of your seatbelt during the accident? □ no □ yes

34. What was damaged in your vehicle? (Circle all that apply)

□ windshield	□ rear bumper	□ knee bolster
□ steering wheel	□ front bumper	□ back right door
□ seat frame	□ trunk	□ completely totaled
□ side window	□ front left door	□
□ dashboard	□ front right door	□
□ rear window	□ back left door	□

35. Choose the items that dented inward

□ floorboards	□ side door	□ dashboard

36. Choose the doors that would not open as a result of the accident

□ front left	□ front right
□ rear left	□ rear right

37. Did you go to the hospital? □ no □ yes If no, why and do not answer 38-43

_____

38. How did get to the hospital? _____

39. What was the name of the hospital? _____

40. Were you hospitalized over night? _____

41. Circle what you were prescribed at the hospital
- pain medication - muscle relaxors - neck brace

42. Did you recieve any stitches for any cuts at the hospital? _____

43. Were x rays taken at the hosiptal? If yes, which area was taken?

_____

44. Was an MRI done? □ no □ yes
Area Done_____