



## PERSONAL INJURY QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Collision: \_\_\_\_\_ Time of Collision: \_\_\_\_\_  
Location of Collision: \_\_\_\_\_  
Intersecting road: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police Investigation by:

- Washington State Patrol       \_\_\_\_\_ City Police  
 \_\_\_\_\_ County Police       Other: \_\_\_\_\_  
 No investigation

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:

\_\_\_\_\_

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

Where were you seated in the vehicle? \_\_\_\_\_

How many people were in your vehicle? \_\_\_\_\_

Were you aware of the approaching collision prior to impact?     Yes     No

Were you struck from?

- Behind     Front     Left side     Right side

What position was your head facing upon impact? \_\_\_\_\_

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

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

Approximately \_\_\_\_\_ inches above      Approximately \_\_\_\_\_ inches below

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

If yes, can you estimate for how long? \_\_\_\_\_

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

Was the driver's foot on the brake?  Yes  No

If yes, how hard was the brake pedal depressed?

slightly  moderately  strongly

Please estimate the rate of speed of the vehicle you were in: \_\_\_\_\_ mph

If your vehicle was moving at the time of impact, was it?

slowing down  steady speed  speeding up

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 impact, was it?

slowing down  steady speed  speeding up

What bruises or cuts did you suffer from this accident? \_\_\_\_\_

What parts of your body collided with the inside of your vehicle; what did they 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: \_\_\_\_\_

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? \_\_\_\_\_

Which of the following car parts were broken as a result of the collision?

\_\_\_\_\_ Windshield

\_\_\_\_\_ Front seat back

\_\_\_\_\_ Right/ left side window

\_\_\_\_\_ Bumper: \_\_\_\_\_

\_\_\_\_\_ Steering wheel

\_\_\_\_\_ Other: \_\_\_\_\_

By my signature on this form, I attest that this information is (to the best of my recollection) true, complete, and accurate: