

CoreHealth of Clearwater LLC
1501 S. Missouri Ave.
Clearwater, FL 33756
727-216-3216

Patient Name: _____
Date of Birth: _____

Auto Injury Questionnaire

Vehicle you were in: (Circle) Car Pick-up Truck Van Truck Van Bus
Other: _____

Size: (Circle) Sub-compact Compact Mid-Size Full-Size Mini Light
Other: _____

Your location in vehicle: (Circle) Driver Front Passenger Rear Passenger
Passenger Location: (Circle) Left Middle Right

Was your vehicle: (Circle All That Apply)

Stopped for: Traffic Light Intersection Stop Sign Traffic Pedestrian Parked

Slowing down for: Traffic Light Intersection Stop Sign Traffic Pedestrian
Turning Parking

Moving: Slowly Moderately Fast Accelerating

Estimated speed: _____ mph

Other: _____

Other: _____

What damage did the vehicle you were in sustain? (circle)

Minimal Moderate Extensive Totaled Unsure Other: _____

If Other Vehicles Involved In Accident:

First Vehicle type (Circle): Car Pick-up Truck Van Truck Van Bus
Other: _____

Size: (Circle) Sub-compact Compact Mid-Size Full-Size Mini Light
Other: _____

How did this vehicle strike the vehicle you were in?: (Circle) Head On From Right From Left
Rear Ended Sideswiped on Right Sideswiped on Left
Other: _____

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What damage did this vehicle sustain? (circle)

Minimal Moderate Extensive Totaled Unsure Other: _____

Second Vehicle type (Circle): Car Pick-up Truck Van Truck Van Bus

Other: _____

Size: (Circle) Sub-compact Compact Mid-Size Full-Size Mini Light

Other: _____

How did this vehicle strike the vehicle you were in?: (Circle) Head On From Right From Left
Rear Ended Sideswiped on Right Sideswiped on Left

Other: _____

What damage did this vehicle sustain? (circle)

Minimal Moderate Extensive Totaled Unsure Other: _____

Traffic Citations:

Which traffic citations were issued as a result of the accident? (Circle)

No citations issued You Driver of other vehicle Driver of vehicle you were in Unsure

Conditions At Time of Accident: (Circle)

What time of day did the accident occur? Daylight Dawn Dusk Night Other: _____

What was the condition of the road? Dry Damp Wet Ice Snow Other: _____

What was the visibility at impact? Good Fair Poor Other: _____

If poor visibility: Sunlight Darkness Fog Rain Snow Traffic Other: _____

Moment of Impact: (Circle)

Were you prepared for the accident?

Completely surprised Braced for Impact Aware of Impending Impact Other: _____

Was your foot on the brake pedal at time of impact? Yes or No

Was your foot knocked off brake pedal by impact? Yes or No

Were you wearing a seat belt? Yes or No

What type of seat belt? Shoulder-Lap belt Shoulder Belt Lap Belt

Was your vehicle equipped with headrests? Yes or No

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What was your headrest position? Low Middle High Don't Know

Was your vehicle equipped with air bags? Yes or No

Did the airbags deploy? Yes or No

What was your body position at impact? Straight Slouched Forward Turned Right/Left
Don't remember Other: _____

What direction was your body thrown? Forward to Backward Backward to Forward
Sideways Across Vehicle Outside Vehicle Under Vehicle Don't remember
Other: _____

What position were your head and neck in at impact? Straight Tilted Forward Rotated
Right Rotated Left Don't remember Other: _____

During the impact was your head and neck thrown:
Forward to Backward Backward to Forward Sideways Don't remember Other: _____

Result of Impact:

Which objects in your vehicle did your body strike? (Circle)

Head: Steering Wheel Right Side Door Right Window Ceiling Front Seat Dashboard
Left Side Door Left Window Console Rearview Mirror Windshield Armrest Headrest
Shift Lever Other: _____

Right Arm: Steering Wheel Right Side Door Right Window Ceiling Front Seat
Dashboard Left Side Door Left Window Console Rearview Mirror Windshield Armrest
Headrest Shift Lever Other: _____

Left Arm: Steering Wheel Right Side Door Right Window Ceiling Front Seat
Dashboard Left Side Door Left Window Console Rearview Mirror Windshield Armrest
Headrest Shift Lever Other: _____

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Torso/Abdomen: Steering Wheel Right Side Door Right Window Ceiling Front Seat
Dashboard Left Side Door Left Window Console Rearview Mirror Windshield Armrest
Headrest Shift Lever Other: _____

Right Leg: Steering Wheel Right Side Door Right Window Ceiling Front Seat
Dashboard Left Side Door Left Window Console Rearview Mirror Windshield Armrest
Headrest Shift Lever Other: _____

Left Leg: Steering Wheel Right Side Door Right Window Ceiling Front Seat
Dashboard Left Side Door Left Window Console Rearview Mirror Windshield Armrest
Headrest Shift Lever Other: _____