

Affinity Auto Accident History Form

Date of accident: _____

Name: _____

Your role was (circle one): Back seat passenger, Front seat passenger, Driver of motorcycle, Other, Driver with (left/right) hand on the wheel, Driver with both hands on the wheel.

What was your vehicle's status? (Choose one) Accelerating, At a stoplight, Attempting to stop, Changing lanes, Driving down the road, Driving in a parking lot, Moving, Moving at moderate speed, Moving at the speed limit, Moving in reverse, Parked, Sliding out of control (weather related), Slowing down, Speeding, Spinning out of control (weather related), Stopped, Turning.

What area of the vehicle was most impacted?(Choose one) Drivers side, Front Bumper, Front drivers side corner, Front passenger corner, Passenger side, Rear Bumper, Rear drivers side corner, Rear passenger side corner, Rear trailer, Totaled head on collision

It was (circle one): Dawn, Dusk, Full Daylight, Night

Road conditions were (circle one): Damp, Dry, Icy, Nasty, Snow covered, Wet

Rate the visibility (circle one): Excellent, Fair, Good, Poor

What type was the other vehicle involved? Compact car, Full size car, Large pickup truck, Large SUV, Motorcycle, Semi, Small SUV, Small truck, Other _____

What would you guess was the speed of the other vehicle? (end in 0 or 5) _____

What was your speed? (end in 0 or 5) _____

In what position was your headrest? High, Low, Middle, Unknown

Were you admitted to a hospital? _____ If yes, was it at the time of the accident

or at a later time? _____

How did you get to the hospital? Ambulance, Life flight, Police car, Private transportation

What was your attending doctor's name? _____
(If you don't remember leave blank)

How many days were you in the hospital? _____

Choose one –

_____ I was able to brace for impact with my (hands, feet, or knees).

_____ I was aware the accident was coming, but unable to brace.

_____ I was not aware the accident was impending.

Circle the problem for the accident:

Brightness, Darkness, Fog, Rain, Snow, Traffic, None of these apply

Where are your injury locations? (Circle all that apply)

Back of face	Back of head	Back of neck	Chest	Fingers left hand	Fingers right hand
Forehead	Front of face	Front of head	Front of neck	Left arm	Left elbow
Left hand	Left hip	Left know	Left leg	Left shin	Left shoulder
Left wrist	Low Back	Mid back	Nose	Right arm	Right elbow
Right hand	Right Hip	Right knee	Right Leg	Right Shin	Right Shoulder
Right Wrist	Side of face	Side of head	Side of neck	Upper back	