



21651 E. COUNTRY VISTA DRIVE, STE. F • LIBERTY LAKE, WA 99019

## MOTOR VEHICLE COLLISION FORM

Date of Collision: \_\_\_/\_\_\_/\_\_\_ Year, Make, and Model of Vehicle: \_\_\_\_\_

Were you struck from:  Behind  Left Side  Right Side  Front

Were you moving?  Yes  No If "Yes", approximate speed? \_\_\_\_\_

Were your brakes applied?:  Yes  No

Were you the driver?  Yes  No Were you the passenger?  Yes  No

Were there others in the car?  Yes  No If "Yes", how many? \_\_\_\_\_

Were you using a seat belt?  Yes  No Did it include a shoulder harness?  Yes  No

Do you have a head restraint?  Yes  No

What were the road conditions?  Wet  Dry  Snow  Ice

Describe position of your head at impact. \_\_\_\_\_

Describe position of hands at impact. \_\_\_\_\_

Were you aware of the impending collision?  Yes  No  Uncertain

Did you feel more than one impact?  Yes  No  Uncertain

Did you strike anything inside the car?  Yes  No  Uncertain

If "Yes", please describe: \_\_\_\_\_

Were you told you were unconscious?  Yes  No  Uncertain

Did you feel dazed?  Yes  No  Uncertain Was your car drivable?  Yes  No

Where did you go after the accident? \_\_\_\_\_

If you went to the hospital, how did you arrive (ambulance or other vehicle)? \_\_\_\_\_

What was done at the hospital: X-Rays?  Yes  No Other imaging?  Yes  No

Medication?  Yes  No

Have you had PT?  Yes  No What additional care have you had? \_\_\_\_\_

Was a Collision Report made?  Yes  No What were the estimated damages to your car? \_\_\_\_\_

Did you have PIP coverage?  Yes  No Do you now if you have any coverage left?  Yes  No