



**MID VALLEY CLINIC**  
CHIROPRACTIC

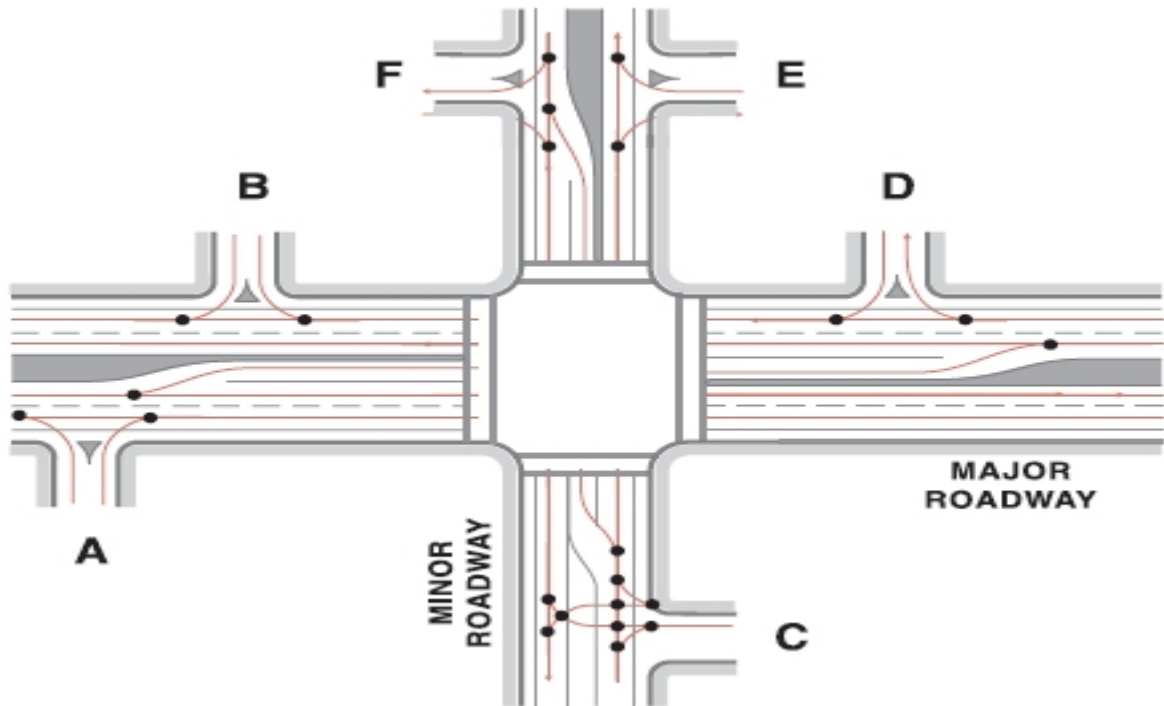
**Dr. Dirk Woodmansee**

**Dr. Bryan Gordon**

**CRASH QUESTIONNAIRE**

1. What was the date and time of the crash? \_\_\_\_\_ AM/PM
2. How many vehicles were involved in the accident? \_\_\_\_\_
4. What was the estimated damage to the vehicle you were in? \$ \_\_\_\_\_ or Totalled
5. What street or intersection did the crash occurred? \_\_\_\_\_
6. What direction were you traveling in? (north, south, east, etc.) \_\_\_\_\_
7. What city and state did the crash happen? \_\_\_\_\_
8. What type of impact was the auto accident? (rear, side, T-bone, etc. ) \_\_\_\_\_
9. Where were you sitting in the vehicle during the accident? (ie: Driver, Passenger, Rear Passenger drivers or passenger side) \_\_\_\_\_
10. Did you know the accident was coming? \_\_\_\_\_
11. What type of vehicle were you in? \_\_\_\_\_
12. What type of vehicle impacted yours? \_\_\_\_\_
13. Did the airbag deploy, if so which airbags deployed? \_\_\_\_\_
14. At the time of the impact, how fast was your vehicle moving? \_\_\_\_\_
15. At the time of impact, how fast was the other vehicle moving? \_\_\_\_\_
16. During and after the crash what happened to your vehicle? (Ie: Stopped, kept going straight, hit something else, etc) \_\_\_\_\_  
\_\_\_\_\_
17. Did you lose consciousness during the accident? [ ]yes [ ] no
18. How was your head positioned during the accident? (forward, turned right, left, etc.) \_\_\_\_\_
19. How were you positioned in the vehicle? ( ie: seated both hands on the wheel, etc) \_\_\_\_\_  
\_\_\_\_\_
20. Did any part of your body hit anything inside the vehicle? (ie: head hit windshield, etc. ) \_\_\_\_\_  
\_\_\_\_\_

**Please Use Diagram Below And Sketch Your Accident**



21. What kind of headrest does your vehicle have? And what position does your head rest at? (le: moveable headrest, sitting at the middle of the back of head, etc) \_\_\_\_\_

22. What kind of seatbelt were you wearing? (Shoulder with lap, lap only, etc) \_\_\_\_\_

\_\_\_\_\_ Did you remain in the seatbelt? \_\_\_\_\_

23. Please describe the damage to the vehicle: ( le: driver's side at the front fender, could not open the door)

\_\_\_\_\_

24. Did you go to the hospital or Instacare? If Yes, please tell us where so that we may get your records: \_\_\_\_\_

How did you get there? (ambulance, drove, ride, etc) \_\_\_\_\_

25. What treatment(s) were you given? (Medications, stiches, etc) \_\_\_\_\_

\_\_\_\_\_

26. Did you get imaging or special tests? (MRI, CT, X-ray, etc) Please list and describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments: Below

\_\_\_\_\_