

15. Were you wearing a seatbelt? Yes ___ No ___ If yes was it a lap-belt, or a shoulder harness belt _____.
16. List the year, make, and model of the vehicle you were in:
Year _____ Make _____ Model _____
17. Was your vehicle stopped at the time of impact? Yes ___ No ___
Is the vehicle manual/standard? _____ Automatic? _____
Was your/the drivers foot on the brake at time of impact? _____
If manual/standard, was the car in gear? _____ If the vehicle was
in motion, what was the approximate speed of the vehicle? _____ M.P.H.
18. If the vehicle you were in was moving during impact, was it slowing
down? _____ Gaining speed? _____ Maintaing steady speed? _____
19. Did any part of you body hit the inside of the vehicle? _____
If "yes", what was the bodily damage at that time? _____

20. Were any interior/exterior car parts broke during impact? Please
describe: _____

21. Was the trunk of your body pointed forward at time of impact? _____
If "no", please describe the position in which the trunk of your
body was pointing: _____
22. Was your head facing forward during impact? _____ If "no" please
desribe the position your head was facing during impact? _____

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

**THE FOLLOWING QUESTIONS PERTAIN TO THE OTHER CAR INVOLVED IN THIS ACCIDENT
(NOT THE CAR YOU WERE IN):**

24. What was the year, make, and model of the other vehicle involved:
Year _____ Make _____ Model _____
25. Was the other vehicle moving during impact? _____ If "yes", was
it slowing down? _____ Gaining speed? _____ Maintaining a steady
speed? _____ What was the approximate speed of the vehicle
during impact? _____ M.P.H.

SIGNATURE _____ DATE _____

PLEASE PRINT NAME: _____