

MOTOR VEHICLE ACCIDENT (MVA) QUESTIONNAIRE

Please print the following:

Name _____ Today's date _____

Date and time of MVA: _____ Direction you were traveling _____

Location of MVA (include address, nearest cross street or exit) _____

Position in car where you were seated _____

Approximately how fast was the car you were in traveling at the time of the MVA? _____

Approximately how fast was the other car traveling? _____

Were you wearing a seat belt at the time of the MVA? _____

Did you see the other car coming? _____

Describe what part(s) of your body, if any, struck the automobile or its contents _____

What part of the other car struck the one you were in? _____

What part of the car you were in was hit and what was the extent of the damage? _____

Describe in detail what happened (use the other side if necessary) _____

What effects did you suffer immediately after the accident? _____

What other effects did you suffer from and when did they begin? _____

Have you had any of these problems or conditions before? Describe if yes. _____
