



PI Questionnaire

DATE: _____

PATIENT NAME: _____ SS#: _____ - _____ - _____

DATE OF INJURY: _____ INSURANCE CASE #'S: _____

POLICY #: _____ CLAIM #: _____

YOUR VEHICLE TYPE

YEAR: _____ CAR _____ STATION WAGON _____ VAN _____ PICK-UP

MAKE: _____ LARGE TRUCK _____ BUS _____ OTHER: _____

THEIR VEHICLE TYPE

YEAR: _____ CAR _____ STATION WAGON _____ VAN _____ PICK-UP

MAKE: _____ LARGE TRUCK _____ BUS _____ OTHER: _____

YOUR POSITION IN THE VEHICLE

_____ DRIVER _____ FRONT PASSENGER
_____ LEFT REAR PASSENGER _____ RIGHT REAR PASSENGER

YOUR VEHICLE AT THE TIME OF THE ACCIDENT WAS...

_____ STOPPED AT A LIGHT _____ MAKING A RIGHT TURN _____ PROCEEDING ALONG
_____ STOPPED IN TRAFFIC _____ MAKING A LEFT TURN _____ SLOWING DOWN
_____ STOPPED AT AN INTERSECTION _____ PARKING _____ ACCELERATING _____ OTHER: _____

SPEED OF YOUR VEHICLE: _____ MPH SPEED OF OTHER VEHICLE: _____ MPH

DAMAGE TO YOUR VEHICLE: _____ MILD _____ MODERATE _____ TOALED

DAMAGE TO THEIR VEHICLE: _____ MILD _____ MODERATE _____ TOALED

VISIBILITY AT TIME OF ACCIDENT: _____ POOR _____ FAIR _____ GOOD

ROAD CONDITIONS AT TIME OF ACCIDENT: _____ ICY _____ WET _____ SANDY
_____ DARK _____ CLEAR AND DRY

WHO HIT WHAT: _____ OTHER VEHICLE HIT YOU _____ YOU HIT OTHER VEHICLE

POINT OF IMPACT: _____ HEAD ON _____ LEFT FRONT _____ LEFT REAR
_____ REAR END _____ RIGHT FRONT _____ RIGHT REAR

BODY POSITION AT TIME OF ACCIDENT:

DID YOU SEE THE OTHER VEHICLE COMING? YES/NO
WERE YOU BRACED FOR THE IMPACT? YES/NO
DID YOU HAVE YOUR SEATBELT ON? YES/NO
DID YOU HAVE YOUR SHOULDER HARNESS ON? YES/NO
DID ANY AIR BAGS DEPLOY? YES/NO → DRIVER/PASSENGER/SIDE
DOES YOUR CAR HAVE HEADRESTS? YES/NO
POSITION OF HEADREST: _____ EVEN WITH TOP OF HEAD _____ EVEN WITH BOTTOM OF HEAD
_____ MIDDLE OF NECK

DURING THE ACCIDENT:

DID YOUR BODY STRIKE THE VEHICLE? YES/NO → WHERE? _____

DID YOU LOSE CONSCIOUSNESS? YES/NO

DID THE POLICE SHOW UP? YES/NO

WAS A REPORT MADE? YES/NO

WHERE DID YOU GO AFTER THE ACCIDENT? _____ HOME _____ WORK _____ ER _____ PRIVATE DOCTOR

HOW DID YOU GET THERE? _____ SELF _____ SOMEONE ELSE _____ AMBULANCE _____ POLICE