



27. Did your hips hit anything during the accident? -no - yes, please describe \_\_\_\_\_

28. Did your knees hit anything during the accident? -no - yes, please describe \_\_\_\_\_

29. Did your feet hit anything during the accident? -no - yes, please describe \_\_\_\_\_

30. What kind of headrest was in your vehicle?

- movable fixed headrest
- nonmovable fixed headrest
- no headrest

31. Where was the headrest positioned on your head? \_\_\_\_\_

32. Did you have your seatbelt on during the accident? - yes -no

33. Did you slide out of your seatbelt during the accident? \_\_\_\_\_

34. What was damaged in your vehicle? (Circle all that apply)

- windshield
- steering wheel
- dashboard
- seat frame
- side window
- rear window
- rear bumper
- trunk
- front left door
- front right door
- back left door
- mirror
- front bumper
- back right door
- completely totalled
- knee bolster

35. Choose the items that dented inward

- floorboards
- side door
- dashboard

36. Choose the doors that would not open as a result of the accident

- front left
- front right
- rear left
- rear right

37. Did you go to the hospital? If no, why and do not answer 38-43

\_\_\_\_\_

38. How did get to the hospital? \_\_\_\_\_

39. What was the name of the hospital? \_\_\_\_\_

40. Were you hospitalized over night? \_\_\_\_\_

41. Circle what you were prescribed at the hospital

- pain medication
- muscle relaxors
- neck brace

42. Did you recieve any stitches for any cuts at the hospital? \_\_\_\_\_

43. Were x rays taken at the hosiptal? If yes, which area was taken?

\_\_\_\_\_