

# MOTOR VEHICLE ACCIDENT (MVA) QUESTIONNAIRE

Name:.....Today's date: .....

Date and time of MVA:.....Direction you were travelling: .....

Location of MVA (include address and closest cross street/exit):.....

.....  
Make, year, and model of the car you were in: .....

Make, year, and model of the other car:.....

Position where you were seated during the MVA? .....

Approximately how fast was the car you were in travelling at the time of the MVA? .....

Approximately how fast was the other car travelling at the time of the MVA? .....

Were you wearing a seat restraint at the time of the MVA?.....

Where were you looking 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 auto struck the one you were in?.....

What part of the auto 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 condions before (describe if yes)? .....

.....