

POST-CRASH QUESTIONS FOR STATEMENTS & DISCOVERIES

GENERAL

When (date and time) and where did the collision take place?

How many vehicles were involved in the collision?

WEATHER & ENVIRONMENT

Was the roadway surface dry, wet, snowy, or icy at the time of the incident?

Was it light or dark outside?

If it was dark, was there artificial lighting?

PRE-IMPACT

What lane and direction was the vehicle travelling in just before impact?

Was the vehicle stopped, traveling at a constant speed, accelerating, or braking immediately before the collision?

What was the approximate speed of each involved vehicle right before impact?

Did the driver look towards the direction of the other vehicle or see the other vehicle before impact?

Did any passengers see the impending collision and if so did they alert the driver?

Did the driver brake, swerve, or use any other maneuver right before impact? If so, approximately how soon before impact?

What were the orientations of the vehicles when they collided? (Draw if possible)

POST-IMPACT

How did the vehicle move after impact? Did they rotate or spin?

Did the vehicles strike anything else (another vehicle or roadside object)?

How far did the vehicle travel after impact (say, in car lengths)?

Where was the vehicle facing when it came to rest?

What were the relative positions and orientations of the vehicles when they came to rest after the collision? (Draw if possible)

OCCUPANTS

What were the names of all occupants inside the vehicle, and where was each occupant seated at the time of the collision?

What is your age, height, and weight?

What were you doing and how were you oriented/sitting in your seat at the time of the collision? Were you leaning forward or turned to a side? Was your seat reclined?

In what direction did you move inside the vehicle during the collision?

Did you strike anything inside of the vehicle? If so, what was it and what part of your body came into contact with it?

Were you struck by anything or any other passengers?

Were there any loose contents or cargo in the vehicle? If so, did it move during the collision?

Were you or any passengers injured? If so, what are the symptoms and what is/are the nature of the injury(ies) (i.e. cuts, bruises, swelling, fractures, etc)?

Were you or any other occupants previously involved in another collision?

Did you or any of the other occupants have any pre-existing injuries or medical conditions?

What was your pre-collision occupation and how would you describe your physical day-to-day activities?

How many occupants were in the other vehicle(s)?

SAFETY EQUIPMENT

Did each occupant have their seat belt buckled?

Did any of the frontal, side, or other airbags deploy?

Did any of the seat belt pretensioners deploy?

VEHICLES

What was the year, make, and model of the involved vehicles?

Was there any prior damage to the vehicle?

Was the vehicle operating properly?

Describe the damage sustained by each involved vehicle.