

# MVA

**Date of Accident:** \_\_\_\_\_

**Time of Accident:** \_\_\_\_\_

**Automobile Details:**

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Vehicle Size**

compact     full-size     light     mid-size     mini     subcompact     semi

**Your position in the vehicle**

driver     front, middle passenger     front, right passenger     back, left passenger     back, middle passenger  
 back, right passenger     Other: \_\_\_\_\_

**Action of the patient's vehicle**

crossing an intersection     stopped at an intersection     stopped for a pedestrian     stopped in traffic     traveling at the posted speed limit  
 traveling faster than the speed limit     traveling slower than the speed limit     turning left     heading north     heading northeast  
 heading east     heading south     heading southeast     heading southwest     heading west  
 heading northwest     Other: \_\_\_\_\_

**What Happened?**

was hit head-on     was hit on the left front     was hit on the right front     was hit on the left rear     was hit on the right rear  
 was rear-ended     was sideswiped on the left     was sideswiped on the right     hit the car head-on     hit the car on the left front  
 hit the car on the right front     hit the car on the left rear     hit the car on the right rear     rear-ended the car     sideswiped the car on the left  
 sideswiped the car on the right     Other: \_\_\_\_\_

**Amount of damage to the vehicle:**

complete damage     extensive damage     minimal damage     moderate damage     extensive damage outside, moderate damage inside  
 moderate damage outside, minimal damage inside     minimal damage outside, moderate damage inside     Other: \_\_\_\_\_

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## **Describe other vehicle:**

- compact car     full-sized car     mid-sized car     subcompact car     semi-trailer  
 light truck     pickup truck     SUV     full-sized van     mini-van  
 Other: \_\_\_\_\_

## **Damage to other vehicle:**

- complete damage     extensive damage     minimal damage     moderate damage     extensive damage outside, moderate damage inside  
 moderate damage outside, minimal damage inside     minimal damage outside, moderate damage inside     Other: \_\_\_\_\_

## **Driving conditions:**

- Weather:**     clear     cloudy     dizzying     foggy     rainy     snowing     stormy     sunny  
 Other: \_\_\_\_\_

- Road:**     damp     day     dry with icy patches     iced over     snowed over     wet  
 Other: \_\_\_\_\_

- Visibility:**     fair     good     poor     Other: \_\_\_\_\_

## **Body position at impact:**

- leaning forward     slouched down in the seat     sitting straight     turned to the left     turned to the right  
 holding onto the steering wheel     not holding onto the steering wheel     bracing arms against the dash     bracing legs against the floorboard     not bracing arms against the dash  
 not bracing legs against the floorboard     Other: \_\_\_\_\_

## **Type of passive restraint:**

- lap belt     shoulder belt     shoulder-lap belt     Other: \_\_\_\_\_

## **Vehicle was pushed:**

- sideways     forward     backward     Other: \_\_\_\_\_

## **Direction body was thrown:**

- backward then forward     forward then backward     to the left     to the right     outside the vehicle     around the vehicle     under the vehicle  
 Other: \_\_\_\_\_

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### **Head position at impact:**

straight    tilted forward    turned left    turned right    Other \_\_\_\_\_

### **Direction head was thrown:**

backward than forward    forward than backward    side to side    Other \_\_\_\_\_

### **Did the vehicle go into a spin or roll as a result of the impact?**

roll    spin

**Did the airbags deploy?**    YES    NO

**Did you hit anything inside of the vehicle?**    YES    NO

What did you hit? \_\_\_\_\_

**Impact Collision – Head Straight?**    YES    NO

**Impact Collision – Head Turned?**    YES    NO

**Lateral Impact Collision?**    YES    NO