

Automobile Accident Information

Date of Accident _____ Time _____ AM PM

Please explain how your accident happened:

Information about YOUR vehicle

Type of vehicle **you** were driving _____

What was **your** position in the vehicle?

Driver Front Passenger Rear Passenger Pedestrian

What was **your** approximate speed? _____

What was **your** vehicle's point of impact? Front Rear Right-Side

Left-Side Right-Front Left-Front Right-Rear Left-Rear

Is your vehicle equipped with airbags? YES NO

Did your airbags deploy? YES NO

Were you wearing a seat belt? YES NO

Information about your injuries

Did you come in contact with any objects in the car? _____

If "yes":

What objects (ex. windshield, steering wheel, door, etc.)

What parts of your body came in contact with the above?

Were you prepared for the impact? YES NO

Were you ever unconscious as a result of the injury? _____

If "yes", how long? _____

Where on your body did you feel pain or unusual feeling immediately after the accident? _____

What type of pain or feeling was it? (circle all that apply)

Numbness Pins&Needles Burning Aching Stabbing Other _____

Did you receive medical attention at the scene of the accident? YES NO

Were you taken to the hospital after the accident? YES NO

What treatment have you received for your injuries?

Where was treatment rendered? _____

Has any imaging (x-ray, MRI) been done? Where?

Information about the OTHER vehicle

Type of the **other** vehicle _____

What was the approximate speed of the **other** vehicle? _____

What was the **other** vehicle's point of impact? Front Rear Right-

Side Left-Side Right-Front Left-Front Right-Rear Left-Rear

Past History and Present Information

Have you ever injured this area before? _____ If "yes", when? How? _____

Have you been involved in any previous accidents (ex. personal injury, auto, work comp)? _____ If "yes", please explain dates and details _____

Have you returned to work? _____ If "yes", date returned _____ Job Title _____

Job Description _____

Are your work activities restricted as a result of this accident? _____ If "yes", Please explain:

Automobile Insurance Carrier Information

Name of Insurance Company _____ Have you reported your accident to them? _____

Claims Mailing Address _____

Claim number _____ Claim adjustor's Name and phone number _____

Legal Representation

Do you have an attorney? _____ If "yes", name and address _____

Please update us if your attorney information changes.

I certify that I have read and understand the above information. To the best of my knowledge the above questions have been accurately answered.