AUTO ACCIDENT REPORT

Name: _____ Date of Accident: _____

Please describe or sketch the accident:

Year/make/model of your car: _____ other car: _____

Total # of cars involved: _____ Estimated speed of your car: _____ other car: _____

Were you hit from: ☐ Front ☐ Back ☐ Right Side ☐ Left Side

Were you: ☐ Driver ☐ Passenger Were you wearing your seatbelt? _____ Airbags deploy?_____

Did you hit anything on the inside of your car? _____

Was there more than one impact? _____ How many did you feel? _____

Were there: ☐ Multiple vehicular impacts ☐ Impacts with road barriers (poles, trees, barriers, etc.)

Where you knocked unconscious or dazed? _____ If yes, for how long?_____

Describe your head position at the time of impact: _____

Did you notice any bruising/swelling? Where? _____

Have you been examined/treated since the accident (hospital, ER, Dr., etc.)? _____

Was an accident report made? _____ Est. of auto damage: $_____ Was your car drivable? _____

Have you lost work time as a result of your injuries? _____ How much? _____

Have you had any previous accidents resulting in injury/treatment?_____

_____

Please check the activities during which you experience difficulty or pain:

☐ Lying on back	☐ Reaching	☐ Walking
☐ Lying on side	☐ Kneeling	☐ Running
☐ Turning over in bed	☐ Stooping	☐ Sports (indicate) _____
☐ Lying flat on stomach	☐ Sitting	☐ Standing long periods of time
☐ Getting in/out of car	☐ Bending forward	☐ Sneezing
☐ Dressing self	☐ Bending backward	☐ Coughing
☐ Sexual activity	☐ Pulling	☐ Household activities (indicate) _____
	☐ Pushing	☐ Other _____

INSURANCE INFORMATION:

Your Health Insurance Company:_____

Address: _____ Policy #: _____

Your Auto Insurance Company: _____ Claim #: _____

Address: _____ Adjuster: _____

Phone: _____ Have you reported this accident? _____

Other Party's Insurance Company: _____ Claim #: _____

Address: _____ Adjuster: _____

Phone: _____ Have you been contacted? _____

Has an Attorney been advised you in this matter? _____ Are you being represented? _____

Attorney's Name: _____ Phone: _____

Address/City/State/Zip: _____