



AUTO ACCIDENT INFORMATION

Name _____ Date of Accident _____

My vehicle was a: Compact Mid-Size Full Size SUV/ Van Truck Other _____

The Other Vehicle was a: Compact Mid-Size Full Size SUV/ Van Truck Other _____

My Vehicle was Struck: Front Rear Right Side Left Side Right Front Corner Left Front Corner
 Right Back Corner Left Back Corner Other _____

My positions: Driver Front Passenger Rear Passenger Left Rear Right Rear Middle Rear

Other People in the Car: Yes No If yes how many _____

Was your seat belt on at the time of impact? Yes Lap Only Lap & Shoulder No Unknown

Were the others wearing seat belts? Yes No Unknown

Did your Air Bag Deploy? Yes No Unknown Side Air Bags Yes No Unknown

Were you aware that there was going to be an accident? Yes No

Did you have time to brace before the accident? Yes No

If yes what did you do? _____

Did the back of the seat break during the accident? Yes No Unknown

What was your head position at the time of impact? Straight Left Right Other _____

What height was the top of the headrest? No Headrest Neck Ear Top of Head

Did you stick your head on the: Nothing Dash Windshield Headrest Other _____

Did you lose Consciousness? Yes No

Did you strike the vehicle interior? Yes No Explain _____

Were the brakes applied at the time of impact? Yes No Unknown

The road conditions were: Dry Wet Icy Snow packed Gravel Other _____

Speed of your vehicle at time of impact: Stopped Slowing Down 10 20 30 40 50 Other _____

Speed of the other vehicle at time of impact: Stopped Slowing Down 10 20 30 40 50 Other _____

What was the speed limit? 10 15 20 25 30 35 40 45 50 55 60 65 Other _____

Was your car pushed or knocked in a certain direction or into other vehicles or structures?

Yes No If yes please draw or make notes on the diagram on the back

What was the property damage to your vehicle: Mild Moderate Severe Totaled Amount \$ _____

Where did you go after the accident? Work Home Hospital Chiropractor MD Other _____

Did you seek medical care? Yes No Where _____

If you sought medical care how did you get there? Self Friend Ambulance Other _____

