

Name _____ Date _____

Date of the accident: _____ Time of accident: _____ am/pm

Address of the accident: _____

Road conditions (wet, dry, etc.) at time of accident: _____

Did the police come to the accident scene? _____

Did you lose consciousness: _____ How long: _____

Were you dazed: _____ Dizzy: _____ Nauseated? _____

Did you go to the hospital?: _____ How were you taken to the hospital? _____ Name of hospital: _____

Were X-rays taken? _____ Areas X-rayed: _____

List your symptoms at the scene of the accident: _____

Were you the driver? _____ If no, where were you seated? _____

Type of car you were in: Year _____ Make _____ Model _____

Were you wearing seat belts? _____ Lap seat belt? _____

Shoulder lap seat belt? _____

Does the car have head rests? _____ Were they extended? _____

Upon impact, was your car stopped? _____ If no, the approximate speed of the car you were in? _____ mph. Was the car slowing down? _____; gaining speed? _____ or traveling at a steady rate of speed? _____

Was the collision "rear end"? _____

Right front _____ Left front _____

Right side _____ Left side _____

Other _____

Did you see it coming? _____ Did you brace yourself? _____

Please describe, to the best of your knowledge, what happened during the accident:

Upon impact, was your head turned? _____. What direction? _____

Was the trunk of your body turned? _____. What direction? _____

Any bleeding cuts? _____ If yes, where? _____

Any bruises? _____ If yes, where? _____

On what part of the auto did the following body parts hit?

Head hit _____

Chest hit _____

Shoulder (s) hit _____

Arm (s) hit _____

Hip (s) hit _____

Leg (s) hit _____

Knee (s) hit _____

List your current symptoms: _____

What's the estimated cost of damages to the car you were in? _____

List the damaged parts of the car you were in: _____

Have you had prior accidents? _____

When _____ Describe: _____

When _____ Describe: _____

Did you experience any residual symptoms from the prior accident? _____

If yes, describe: _____

The following questions pertain to the other car (s) involved in this accident:

Year _____; Make _____; Model _____

Year _____; Make _____; Model _____

Was the other car moving prior to impact? _____. If yes, what was the approximate speed? _____ mph. Was the other car slowing down? _____; speeding up? _____; or traveling at a steady speed? _____

If you are represented by an attorney for this claim, complete the following:

Attorney Name: _____ Phone#: _____