

PATIENT'S REPORT OF ACCIDENT

Name: _____ Date: _____

Location of Accident: _____ City: _____

Date of Accident: _____ Time: _____

Your Vehicle Type:

Car Van Truck SUV Bus

Other Vehicle Type:

Car Van Truck SUV Bus

Approx. speed of your car: _____ : Other Car: _____

Were you: DRIVER / PASSENGER

If passenger: RIGHT FRONT / RIGHT REAR / LEFT REAR

Were you wearing seatbelt : YES / NO

Were you struck from: FRONT / BEHIND / RIGHT / LEFT

Visible Vehicle Damage: NONE / SLIGHT / MODERATE / TOTALED

Did you hit any body parts w interior of car: YES / NO

If YES please explain: _____

Lose Consciousness: YES / NO

Did Airbags Deploy: YES / NO

What direction were you looking: STRAIGHT / LEFT / RIGHT / UNKNOWN

How did the Accident occur: _____

Why was vehicle slowed or stopped:

Traffic Signal Parking Pedestrian
 Stop sign Traffic Busy intersection

Were You:

- Totally un-aware that the accident was impending?**
 Aware the accident was impending?
 Aware the accident was impending and braced for it?

Conditions at time of accident:

- Day** **Night** **Dawn** **Dusk**
 Dry **Wet** **Snow Covered** **Ice Covered**

Visibility:

- Excellent** **Good** **Fair** **Poor**

Compromised by:

- Brightness** **Darkness** **Rain** **Snow**
 Fog **Traffic**

When did you notice your injuries: **IMMEDIATELY** / **LATER**

If immediate, did you feel:

- Dizzy** **Disorientated** **Weak** **Nauseated**

If LATER please explain: _____

Did your major complaints exist before the accident? **Yes/** **No**

Were Police on scene: **YES** / **NO** **Was an Accident Report Filed:** **YES** / **NO**

Were you hospitalized: **YES** / **NO** **If YES how long:** _____

Location of Hospital: _____

Did you take an ambulance from scene: **YES** / **NO**

Have you received any other treatment for this injury: **YES** / **NO**

If YES from whom: _____

Were you out of work because of this injury: **YES** / **NO** **How long:** _____

Have you returned to work: **YES** / **NO**

Since the Accident do you feel: **BETTER** / **WORSE** / **SAME**