

Phone Number: _____

Accident Information

Date and time of accident: _____ First Name: _____ Last Name: _____

Name of the location/street on which you were traveling: _____

Where you the: Driver Front Passenger Rear Passenger Make and model of the vehicle you were occupying: _____Was this vehicle equipped with airbags? Yes No Did the airbags inflate? Yes No Were you wearing a seat belt? Yes NoDid the impact to you vehicle come from the: Front Rear Right side Left side OtherIn relation to the base of your skull, where was the headset? Above Below At the baseIn which direction were you headed? North South East WestDirection the other vehicle was headed? North South East WestDuring impact, were you facing: Forward Right LeftDid any part of your body strike anything in the vehicle? Yes NoExplain:

_____Did the accident render you unconscious? Yes No If yes, for how long? _____

What was the approximate speed of the your vehicle? _____ the OTHER vehicle? _____

Were you Aware Surprised by the impactWhat did your vehicle impact? A Vehicle OtherIf other, please explain below:

Number of people in the accident vehicle: _____

Please list the names of the victims in this accident:

_____If your own words, please describe the accident:

_____Please describe how you felt immediately after the accident:

Legal Information

Did the police come to the accident scene? Yes No Was a police report filed? Yes No

Were there any witnesses? Yes No

Was a traffic violation issued? Yes No

To whom:

Have you retained an attorney? Yes No If yes, whom? _____ Phone: _____

Medical Information

Have you gone to a hospital or seen any other doctor? Yes No When did you go? Immediately Next Day 2 Days Plus

How did you get there? Ambulance Private Transportation Was medication prescribed? Yes No

Name of the hospital and/or attending doctor: _____

Was he / she a: D.D.S M.D. D.C. D.O. Were any X-rays taken? Yes No

Have you been able to work since this injury? Yes No Are you work activities restricted as a result of this injury? Yes No