

VEHICLE ACCIDENT REPORT

Name: _____

- 1) Date of Accident ____ / ____ / ____ 2) Time of Accident ____ : ____ (AM / PM)
- 3) Where you: A) Driver B) Passenger (Front) C) Passenger (Rear) D) Pedestrian
- 4) Were you wearing seatbelts? (Y / N)
- 5) Type of Vehicle: A) Auto B) Truck C) Van D) Motorcycle E) Motorhome F) Bicycle
- 6) How accident occurred: A) Struck by another vehicle B) Struck another vehicle C) Struck a stationary object D) Other
- 7) Where was your vehicle hit? A) Front B) Rear C) Rt. Side D) Lft. side E) Rt. Front F) Lft. Front G) Rt. Rear H) Lft. Rear
- 8) Where was other vehicle hit? A) Front B) Rear C) Rt. Side D) Lft. Side E) Rt. Front F) Lft. Front G) Rt. Rear H) Lft. Rear
- 9) Your approximate speed ____ MPH 10) Other vehicle's approximate speed ____ MPH
- 11) Your Vehicle: Year ____ Make _____ Model _____ 2 door / 4 door
- 12) Other Vehicle: Year ____ Make _____ Model _____ 2 door / 4 door
- 13) Were you rendered unconscious? (Y / N) 14) Did you receive medical attention at the scene of the accident (Y / N)
- 15) Where did you go immediately following the accident?
A) Hospital B) Home C) Personal Doctor D) To this office E) Resumed activities
- 16) Were you taken by ambulance to the hospital? (Y / N)
- 17) Have you seen any other doctors for this accident? (Y / N). If yes, who? _____
- 18) Dollar amount of damage done to your vehicle: \$ _____
- 19) Have you obtained written estimates for the damage? (Y / N)
- 20) Were the police called to the scene? (Y / N) If yes, was a report taken (Y / N)
- (Please provide us with copies of your written estimates, pictures of your damaged vehicle and a copy of the police report.)**
- 21) Were you found to be at fault in the accident? (Y / N)
- 22) Did you have any physical complaints before this accident? (Y / N)
If yes, please describe: _____
- 23) Any previous accidents or injuries? (Y / N)
If yes, please describe: _____
- 24) In your own words, please describe the accident: _____

- 25) How did you feel immediately after the accident? _____

