\_\_\_\_\_ Today's Date \_\_\_\_\_

Date of accident	
Location of accident	Life Line
	chiropractic & massage

## Please describe the vehicle you were in during the accident. Vehicle Type Vehicle Size Your Position in Vehicle Car Subcompact Driver Compact Passenger, Front Van SUV Mid-Sized Passenger, Back-Right Pickup Truck Full-Sized Passenger, Back-Middle Bus Other Passenger, Back- Left Other Passenger, Third Row what was the reason Speed of your Vehicle what was the reason? Collision Type Stopped, in gear Traffic Signal Driver's Side Impact Parked Pedestrian Front Impact Moving, mph Stop Sign Passenger's Side Impact Parked Head-On Traffic Pedestrian Incident Rear Impact Damage to your vehicle Law Enforcement Citations Minimal damage None issued Moderate damaged Yourself Severe damage Driver of the vehicle, while you were a passenger Totaled Driver of the other vehicle Unsure Unsure

## Please describe the other vehicle that was involved in the accident.

Vehicle Type	Vehicle Size			
Car	Subcompact			
Van	Compact			
SUV	Mid-Sized			
Pickup Truck	Full-Sized			
Bus	Other			
Other				

## What were the conditions at the time of the accident?

Time of Day	Road	Visibility
Daylight	Dry	Excellent
Dusk	Damp	Good
Night	Wet	Fair

Name

Snow Covered Poor Ice Covered

Please describ	be the moment of impact during the accident.
Were you,	
Completely unaware of th	e impending accident
Aware of the accident abo	but to occur
Aware of the potential acc	cident, bracing for the impact
Did you have your foot or	n the brake pedal?
Was your headrest in the	
Highest position	
Middle position	
Lowest position	
Air Bag Deployment	
Car did not have an air ba	g
Air bag deployed	
Air bag did not deploy	
Safety Belts	
Lap belt only	
Shoulder and lap belt	
Not wearing a seatbelt	
Position of your head at impact	Was your head thrown,
Facing forward	Back, then forward
Tilted forward	Forward, then back
Rotated to the left	To the left
Rotated to the right	To the left, then right
	To the right
	To the right, then left
Was your body thrown,	Position of your body at impact
Back, then forward	Straight
Forward, then back	Tilted forward
To the left	Rotated to the left
To the left, then right	Rotated to the right
To the right	
To the right, then left	
Across the vehicle	
Out of the vehicle	
Under the vehicle	

## As a result of the force of the collision, what part of the vehicle did your body strike?

<u>Head</u>	<u>Torso</u>	<u>Left Arm</u>
Steering wheel	Steering wheel	Steering wheel
Dashboard	Dashboard	Dashboard
Windshield	Windshield	Windshield
Armrest	Armrest	Armrest
Headrest	Headrest	Headrest
Rear view mirror	Rear view mirror	Rear view mirror
Left door	Left door	Left door
Right door	Right door	Right door
Left window	Left window	Left window
Right window	Right window	Right window
Console	Console	Console
Gear shift	Gear shift	Gear shift
Front seat	Front seat	Front seat
Backseat	Backseat	Backseat
<u>Left Leg</u>	<u>Right Leg</u>	<u>Left Arm</u>
Steering wheel	Steering wheel	Steering wheel
Dashboard	Dashboard	Dashboard
Windshield	Windshield	Windshield
Armrest	Armrest	Armrest
Headrest	Headrest	Headrest
Rear view mirror	Rear view mirror	Rear view mirror
Left door	Left door	Left door
Right door	Right door	Right door
Left window	Left window	Left window
Right window	Right window	Right window
Console	Console	Console
Gear shift	Gear shift	Gear shift
Front seat	Front seat	Front seat
Backseat	Backseat	Backseat
	n and the events directly following	
Did you lose consciousness?	Were you able to walk unassisted?	Numbness or Tingling
Yes	Yes	Yes, where
No	No	No
Immediately following the accide	ent, did vou feel	
	Dizzy	Weak
	Dazed	Nervous
		11017045

	Disoriented			Nauseated			
nere did you go afterwar	rd?						
lere dia you go unor war	<u>u.</u>	Drove	home		Drove	to work	
	Was driven home     Drove to the hospital			Was driven to work Drove to school			
		Was dr	iven to hospital		Was d	riven to school	
		Taken	by ambulance to h	ospital	-		
Hospit	al Name						
Date of hosp	vital visit				_		
Dia	l you have an xra	iy taken	at the hospital?		Yes		
					No		
	Which xray	vs did th	e hospital take?				
Head	Shoulder	Lt	_ Rt	-	Lt	Rt	
Neck	Arm	Lt		Thigh	Lt	Rt	
Upper back	Elbow	Lt		Knee		Rt	
Mid back	Wrist	Lt	Rt	Calf		Rt	
Ribs	Hand	Lt	Rt	Ankle		Rt	
Chest	Fingers	Lt	Rt	Foot		Rt	
Abdomen	Buttock	Lt	_ Rt	Toes	Lt	Rt	
Low Back							
Pelvis							
Pelvis	or complaints exi	ist befor	e the accident?		Yes		
Pelvis	or complaints exi	ist befor	e the accident?		Yes No		
Pelvis	or complaints exi	ist befor	e the accident?		No	ined the same	
Pelvis Did your majo	-				No	ined the same	
Pelvis Did your majo	areas did you i	mmedia		Hip	No Rema	ined the same	
Pelvis Did your majo What Head	-	mmedia Lt	ately feel pain? Rt	-	No Rema Lt	Rt	
Pelvis Did your majo What Head Neck	areas did you i Shoulder Arm	mmedia Lt Lt	ately feel pain? _ Rt _ Rt	Thigh	No Rema Lt Lt	Rt Rt	
Pelvis Did your majo What Head Neck Upper back	areas did you i Shoulder Arm Elbow	mmedia Lt Lt Lt	ately feel pain? Rt Rt Rt	Thigh Knee	No Rema Lt Lt Lt	Rt Rt _ Rt	
Pelvis Did your majo What Head Neck Upper back Mid back	areas did you i Shoulder Arm Elbow Wrist	mmedia Lt Lt Lt Lt	ately feel pain? Rt Rt Rt Rt	Thigh Knee Calf	No Rema Lt Lt Lt	Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs	areas did you i Shoulder Arm Elbow Wrist Hand	mmedia Lt Lt Lt Lt Lt	ately feel pain? Rt _Rt _Rt _Rt _Rt	Thigh Knee Calf Ankle	No Rema Lt Lt Lt Lt	Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest	areas did you i Shoulder Arm Elbow Wrist Hand Fingers	mmedia Lt Lt Lt Lt Lt	ately feel pain? Rt Rt Rt Rt Rt Rt	Thigh Knee Calf Ankle Foot	No           Rema           Lt           Lt           Lt           Lt           Lt           Lt           Lt	Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest Abdomen	areas did you i Shoulder Arm Elbow Wrist Hand Fingers	mmedia Lt Lt Lt Lt Lt	ately feel pain? Rt _Rt _Rt _Rt _Rt	Thigh Knee Calf Ankle	No           Rema           Lt           Lt           Lt           Lt           Lt           Lt           Lt	Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest Abdomen Low Back	areas did you i Shoulder Arm Elbow Wrist Hand Fingers	mmedia Lt Lt Lt Lt Lt	ately feel pain? Rt Rt Rt Rt Rt Rt	Thigh Knee Calf Ankle Foot	No           Rema           Lt           Lt           Lt           Lt           Lt           Lt           Lt	Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest Abdomen	areas did you i Shoulder Arm Elbow Wrist Hand Fingers	mmedia Lt Lt Lt Lt Lt	ately feel pain? Rt Rt Rt Rt Rt Rt	Thigh Knee Calf Ankle Foot	No           Rema           Lt           Lt           Lt           Lt           Lt           Lt           Lt	Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest Abdomen Low Back Pelvis If you experience	areas did you i Shoulder Arm Elbow Wrist Hand Fingers Buttock	mmedia Lt Lt Lt Lt Lt Lt uts), wł	ately feel pain? _ Rt _ Rt	Thigh Knee Calf Ankle Foot Toes	No           Rema           Lt           Lt           Lt           Lt           Lt           Lt           Lt           Lt           Lt	Rt Rt Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest Abdomen Low Back Pelvis	areas did you i Shoulder Arm Elbow Wrist Hand Fingers Buttock	mmedia Lt Lt Lt Lt Lt Lt	ately feel pain? Rt Rt Rt Rt Rt Rt Rt	Thigh Knee Calf Ankle Foot Toes	No           Rema           Lt           Lt           Lt           Lt           Lt           Lt           Lt	Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest Abdomen Low Back Pelvis If you experience	areas did you i Shoulder Arm Elbow Wrist Hand Fingers Buttock	mmedia Lt Lt Lt Lt Lt Lt	ately feel pain? _ Rt _ Rt	Thigh Knee Calf Ankle Foot Toes	No           Rema           Lt	Rt Rt Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest Abdomen Low Back Pelvis If you experience Head	areas did you i Shoulder Arm Elbow Wrist Hand Fingers Buttock ed laceration (c Shoulder	mmedia Lt Lt Lt Lt Lt Lt Lt	ately feel pain? _ Rt _ Rt _ Rt _ Rt _ Rt _ Rt _ Rt mere were they lo	Thigh Knee Calf Ankle Foot Toes cated? Hip	No Rema Lt Lt Lt Lt Lt Lt	Rt Rt Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest Abdomen Low Back Pelvis If you experience Head Neck	areas did you i Shoulder Arm Elbow Wrist Hand Fingers Buttock ed laceration (c Shoulder Arm	mmedia Lt Lt Lt Lt Lt Lt Lt Lt	ately feel pain? Rt Rt Rt Rt Rt Rt Rt here were they lo Rt Rt	Thigh Knee Calf Ankle Foot Toes cated? Hip Thigh	No           Rema           Lt	Rt Rt Rt Rt Rt Rt Rt Rt	
Pelvis Did your majo What Head Neck Upper back Mid back Ribs Chest Abdomen Low Back Pelvis If you experience Head Neck Upper back	areas did you i Shoulder Arm Elbow Wrist Hand Fingers Buttock ed laceration (c Shoulder Arm Elbow	mmedia Lt Lt Lt Lt Lt Lt Lt Lt Lt	ately feel pain? Rt Rt Rt Rt Rt Rt Rt Rt Rt Rt	Thigh Knee Calf Ankle Foot Toes cated? Hip Thigh Knee	No           Rema           Lt           Lt	Rt Rt Rt Rt Rt Rt Rt Rt Rt	

Abdomen	Buttock	Lt_	Rt	Toes	Lt	Rt
Low Back						
Pelvis						
pain on the day after the	ne accident	?Wh	ere did you exper	rience pain on	t	
Head	Shoulder	Lt_	Rt	Hip	Lt	Rt
Neck	Arm	Lt_	Rt	Thigh	Lt	Rt
Upper back	Elbow	Lt_	Rt	Knee		Rt
Mid back	Wrist	Lt_	Rt	Calf	Lt	Rt
Ribs	Hand	Lt_	Rt	Ankle	Lt	Rt
Chest	Fingers	Lt_	Rt	Foot	Lt	Rt
Abdomen	Buttock	Lt_	Rt	Toes	Lt	Rt
Low Back						
Pelvis			Next day disco	omfort	Incre	
					Decre	eased
As a result of the accident, di	d vou hav	e to f	ake time off fro	om work or so	hool?	
Yes, dates missed					No	
					-	
Did you retain an attorney?	Yes		No			
Attorney's information	Name	e				
	Addres	s				
	Phone					
Your insurance information	Name	Э				
	Addres	s				
	Phone					
	Claim #					
Cont	tact Person	1				
Other driver's insurance	Name	2				
Sener arrive s mourance						
	∆ ddroo	6				
	Addres	s				
	Phone	e				
Cont		e				

Signature