

# AUTOMOBILE ACCIDENT HISTORY

## AUTOMOBILE ACCIDENT:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Drivers License # \_\_\_\_\_

## GENERAL SYMPTOMS:

Did you hit any part of your body during the collision, for example, head on dash, chest on steering wheel? \_\_\_\_\_

If yes, which part and how? \_\_\_\_\_

Where were you taken after the accident? \_\_\_\_\_

Were you hospitalized? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Did you receive care from any other health care specialist? \_\_\_\_\_

If yes, what is the specialist's name? \_\_\_\_\_

What type of care were you given and for how long? \_\_\_\_\_

Where did you feel the pain? \_\_\_\_\_

What are your current symptoms? \_\_\_\_\_

Have you ever been injured in a similar manner? \_\_\_\_\_ If yes, how and when? \_\_\_\_\_

## ACCIDENT HISTORY:

Date Time \_\_\_\_\_

State How Accident Happened in your own words \_\_\_\_\_

Were you driving? \_\_\_\_\_ Was it your car? \_\_\_\_\_ If not, who's? \_\_\_\_\_

Passenger? Front \_\_\_\_\_ Back \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_

Were you rotated in seat? \_\_\_\_\_

Other People in car: Name and Address \_\_\_\_\_

Name and Address \_\_\_\_\_

Name and Address \_\_\_\_\_

Seat belts on? \_\_\_\_\_ Shoulder harness on? \_\_\_\_\_

Was it: Daylight? \_\_\_\_\_ Night \_\_\_\_\_ Dusk \_\_\_\_\_ Dawn \_\_\_\_\_

Were you tired? \_\_\_\_\_ Were you awake? \_\_\_\_\_

How long had you been in the car? \_\_\_\_\_

Where were you prior to the accident? \_\_\_\_\_

What were the weather conditions? \_\_\_\_\_

What were the traffic conditions? \_\_\_\_\_

What was the posted speed limit? \_\_\_\_\_ How fast were you going? \_\_\_\_\_

Type of road: Two Lane \_\_\_\_\_ Four Lane \_\_\_\_\_ Gravel \_\_\_\_\_ Tar \_\_\_\_\_

Did it happen at a stop sign? \_\_\_\_\_ Did it happen at a traffic light? \_\_\_\_\_ Did it happen at an intersection? \_\_\_\_\_

Was your car hit? Front \_\_\_\_\_ Back \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_

What damage was done to your car? Inside \_\_\_\_\_

Outside \_\_\_\_\_

Other \_\_\_\_\_

If you struck another car, did you strike it: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

What was the damage to the other car? Inside \_\_\_\_\_

Outside \_\_\_\_\_

What type of vehicle were you driving? Make \_\_\_\_\_ Year \_\_\_\_\_

What condition was your car in prior to the accident? \_\_\_\_\_

Do you have pictures of the involved automobile? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of vehicle was involved in the accident? Car \_\_\_\_\_ Truck \_\_\_\_\_

Motorcycle \_\_\_\_\_ Size and Type \_\_\_\_\_

By Police of: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Who was ticketed? \_\_\_\_\_

For what? \_\_\_\_\_

Did your vehicle strike anything? \_\_\_\_\_

Did your vehicle strike: Another car \_\_\_\_\_ A Sign \_\_\_\_\_

A Tree \_\_\_\_\_ A Bridge \_\_\_\_\_ A Hedge \_\_\_\_\_ An Embankment \_\_\_\_\_

Size and Type \_\_\_\_\_

Were you completely conscious after the Impact? \_\_\_\_\_ Do you remember the impact? \_\_\_\_\_

Did your vehicle go off the road? \_\_\_\_\_

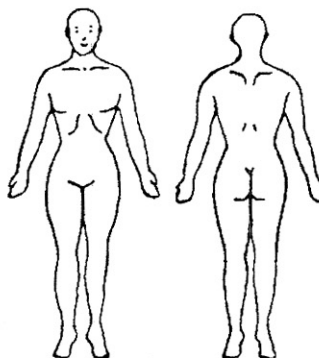
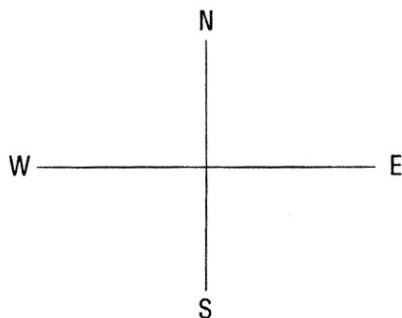
If so: Into a ditch? \_\_\_\_\_ An Embankment? \_\_\_\_\_ How Deep? \_\_\_\_\_

Does it bother you to ride in a car now? \_\_\_\_\_ If so, as a Driver \_\_\_\_\_ Passenger \_\_\_\_\_

State any strange events that happened during or immediately after the accident. \_\_\_\_\_

Have you had any time loss from work? \_\_\_\_\_

Have you had to have any outside help? \_\_\_\_\_



**MARK PAIN AREA**  
+++ Burning  
000 Stabbing  
--- Sharp  
||| Constant

PLEASE DRAW THE ACCIDENT