

Motor Vehicle Accident Information

Name: _____ Case: _____ Date of Accident: _____ Time of accident: _____ am/pm

Position you were in: Driver Passenger (front) Passenger (rear) Other: _____

What type of vehicle Compact Car Compact Truck/SUV/Van Full Size Car

Motorhome/RV

were you driving? Mid Size Car Full Size Truck/SUV/Van Motorcycle Bicycle

Your Approximate Speed? _____ MPH Other Vehicle approximate speed? _____ MPH

Description of accident: I was struck by another vehicle I struck another vehicle

I struck a stationary object Other

Where was your vehicle hit? Front Left Front Center Front Right

(Check all that apply)

Mid Left

Mid Right

Rear Left

Rear Center

Rear Right

Were you wearing seatbelts? Yes No

Did the airbags deploy? Yes No

Were you prepared for impact? Yes No

Where was other vehicle hit? Front Left Front Center Front Right

(Check all that apply)

Mid Left

Mid Right

Rear Left

Rear Center

Rear Right

What positions where head rest in? Low Middle High No head rest

What happened to your was tensed for impact thrown violently forward/back

body the moment of impact? violently torqued/twisted thrown over the seat

(Check all that apply)

thrown from the vehicle

pinned in the vehicle

badly cut/bruised

thrown violently side to side

Were you rendered unconscious? Yes No

If you were conscious, were you? Shaken up Disoriented

Did you receive medical attention at the scene of the accident? Yes No

Where did you go immediately Hospital Home Resumed Activities

following accident? This office Other Physician

List each body part struck: (Indicate Left or Right side)

	Head	Shoulder	Arm	Elbow	Wrist	Hip	Knee	Ankle
Dashboard								
Windshield								
Steering Wheel								
Right Door								
Left Door								
Seat Frame								
Unknown Object								

If you do not own an automobile or have automobile insurance, you must sign an affidavit of NO insurance. Please provide the insurance carrier name & address of the person/parent/spouse/relative or friend you were residing with at the time of the accident. Even though the accident may not be your fault, YOUR insurance carrier pays your healthcare bills related to the motor vehicle accident, hence the term "No Fault".