Vehicle Accident Report

Name: _____

Date of Accident: Time of Accident:

Were you the: Driver Passenger (front) Passenger (rear) Pedestrian

Were you wearing seatbelts? Yes No Shoulder strap or Lap belt

Vehicle Type: Car Truck Van Motorcycle Moped RV Bicycle Semi

How accident occurred: Struck by another vehicle Struck another vehicle Struck a stationary object other

Where was your vehicle hit: Front Rear Rt. Side Lft. Side Rt. Front Lft. Frton Rt. Rear Lft. Rear

Where was other vehicle hit: Front Rear Rt. Side Lft. Side Rt. Front Lft. Frton Rt. Rear Lft. Rear

Your approximate speed: Other vehicle approximate speed:

What occurred at the moment of impact? (circle all that apply) Tensed body for impact

Neck whipped forward & Back Thrown over seat Spine torqued & twisted

Thrown from vehicle Pinned in vehicle Thrown from side to side Cut & Bruised

Did you strike your: (circle all that apply)

Head		Against:	Dash	Windshield	Steering wheel	Lft./Rt. Door	Seat frame	Unknown
Shoulder	Lft./Rt.	Against:	Dash	Windshield	Steering wheel	Lft./Rt. Door	Seat frame	Unknown
Arm	Lft./Rt.	Against:	Dash	Windshield	Steering wheel	Lft./Rt. Door	Seat frame	Unknown
Elbow	Lft./Rt.	Against:	Dash	Windshield	Steering wheel	Lft./Rt. Door	Seat frame	Unknown
Wrist	Lft./Rt.	Against:	Dash	Windshield	Steering wheel	Lft./Rt. Door	Seat frame	Unknown
Hip	Lft./Rt.	Against:	Dash	Windshield	Steering wheel	Lft./Rt. Door	Seat frame	Unknown
Knee	Lft./Rt.	Against:	Dash	Windshield	Steering wheel	Lft./Rt. Door	Seat frame	Unknown
Ankle	Lft./Rt.	Against:	Dash	Windshield	Steering wheel	Lft./Rt. Door	Seat frame	Unknown

Were you rendered unconscious: Yes No Did you receive medical attention at the scene: Yes No

Where did you go immediatlely following the accident: Hospital Home PCP To this office Resumed activities

Were you: (circle all that apply) Shaken Disoriented

Did you have any physical complaints befoe the accident? Yes No If yes, please describe: _____

In your own words, please describe the accident: _____

How did you feel immediately after the accident: _____

IMPORTANT: This form may be used in the determination of insurance befefits and/or litigation for compensation. It is imperative that this form be filled out completely to protect your rights of compensations.