D'Agostino Chiropractic & Associates, PC

VEHICLE ACCIDENT REPORT

Name *_____

1) Date of Accident ____ / ____ / ____ 2) Time of Accident ____ : ____ (AM / PM)

3) Were 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 approximate speed ____ MPH

11) What occurred at the moment of impact? (Circle as many as apply)

A) Tensed body for impact B) Neck whipped forward & back C) Spine torqued and twisted D) Thrown over seat

E) Thrown from vehicle F) Pinned in vehicle G) Thrown from side to side H) Cut and bruised

12) Did you strike your: (Circle as many as apply)

A) Head	Against the: 1) Dashboard	2) Windshield	3) Steering Wheel	4) Rt. Door	5) Lft. Door	6) Seat Frame	7) Unknown Object
B) Shoulder	(Lft./Rt.) - Against the: 1) Dashboard	2) Windshield	3) Steering Wheel	4) Rt. Door	5) Lft. Door	6) Seat Frame	7) Unknown Object
C) Arm	(Lft./Rt.) - Against the: 1) Dashboard	2) Windshield	3) Steering Wheel	4) Rt. Door	5) Lft. Door	6) Seat Frame	7) Unknown Object
D) Elbow	(Lft./Rt.) - Against the: 1) Dashboard	2) Windshield	3) Steering Wheel	4) Rt. Door	5) Lft. Door	6) Seat Frame	7) Unknown Object
E) Wrist	(Lft./Rt.) - Against the: 1) Dashboard	2) Windshield	3) Steering Wheel	4) Rt. Door	5) Lft. Door	6) Seat Frame	7) Unknown Object
F) Hip	(Lft./Rt.) - Against the: 1) Dashboard	2) Windshield	3) Steering Wheel	4) Rt. Door	5) Lft. Door	6) Seat Frame	7) Unknown Object
G) Knee	(Lft./Rt.) - Against the: 1) Dashboard	2) Windshield	3) Steering Wheel	4) Rt. Door	5) Lft. Door	6) Seat Frame	7) Unknown Object
H) Ankle	(Lft./Rt.) - Against the: 1) Dashboard	2) Windshield	3) Steering Wheel	4) Rt. Door	5) Lft. Door	6) Seat Frame	7) Unknown Object

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: (Circle as many as apply) A) Shaken B) Disoriented

Did you have any physical complaints before the accident? (Y/N) If "YES" please describe: _____

_____

_____

In your own words, please describe accident: _____

_____

_____

_____

_____

_____

How did you feel immediately after the accident? _____

_____

_____

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