

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) Lt. Side E) Rt. Front F) Lt. Front G) Rt. Rear H) Lt. Rear
- 8) Where was other vehicle hit? A) Front B) Rear C) Rt. Side D) Lt. Side E) Rt. Front F) Lt. Front G) Rt. Rear H) Lt. 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) Lt. Door 6) Seat Frame 7) Unknown Object
- B) Shoulder (Lt./Rt.) - Against the: 1) Dashboard 2) Windshield 3) Steering Wheel 4) Rt. Door 5) Lt. Door 6) Seat Frame 7) Unknown Object
- C) Arm (Lt./Rt.) - Against the: 1) Dashboard 2) Windshield 3) Steering Wheel 4) Rt. Door 5) Lt. Door 6) Seat Frame 7) Unknown Object
- D) Elbow (Lt./Rt.) - Against the: 1) Dashboard 2) Windshield 3) Steering Wheel 4) Rt. Door 5) Lt. Door 6) Seat Frame 7) Unknown Object
- E) Wrist (Lt./Rt.) - Against the: 1) Dashboard 2) Windshield 3) Steering Wheel 4) Rt. Door 5) Lt. Door 6) Seat Frame 7) Unknown Object
- F) Hip (Lt./Rt.) - Against the: 1) Dashboard 2) Windshield 3) Steering Wheel 4) Rt. Door 5) Lt. Door 6) Seat Frame 7) Unknown Object
- G) Knee (Lt./Rt.) - Against the: 1) Dashboard 2) Windshield 3) Steering Wheel 4) Rt. Door 5) Lt. Door 6) Seat Frame 7) Unknown Object
- H) Ankle (Lt./Rt.) - Against the: 1) Dashboard 2) Windshield 3) Steering Wheel 4) Rt. Door 5) Lt. 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? _____

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.