

AUTOMOBILE ACCIDENT OR PERSONAL INJURY INFORMATION

Please answer ALL questions that apply to you.

Name _____

Type of accident Auto Fall Other, Explain _____

Date of accident _____ Time of accident _____

Location of accident _____

IF AUTO ACCIDENT

Were you struck from Behind Front Left side Right side

Were you a Driver Pedestrian Passenger, front Passenger, back

AUTO ACCIDENT AND/OR PERSONAL INJURY

Briefly describe accident including cause(s) and surrounding circumstances _____

Were you taken to the hospital? Yes No

If yes, Hospital name _____

Explain treatment received _____

Check your injury Cuts Bruises Fractures

Note location of injuries _____

Were you knocked unconscious? Yes No

What were your symptoms immediately following the accident? _____

Symptoms you have had since? _____

Did you have any of these symptoms prior or been injured in the same areas? Yes No

Explain _____

Has your past health been good? Yes No, Explain _____