



## AUTO ACCIDENT REPORT

Name \_\_\_\_\_ Date of Accident \_\_\_\_\_

Please describe or sketch the accident:

Year/make/model of **your** car: \_\_\_\_\_

Total # cars involved: \_\_\_\_\_

Est. speed of your car: \_\_\_\_\_

Est. speed of other car: \_\_\_\_\_

Accident City \_\_\_\_\_ State \_\_\_\_\_

Were you: Driver | passenger

Road conditions were: \_\_\_\_\_

Did you hit anything on the inside of the car? \_\_\_\_\_

Were you knocked *unconscious* or *dazed*? (circle answer)

For how long? \_\_\_\_\_

Describe your head position at the time of the impact:

Have you been examined/treated since the accident  
(Hospital ER, Dr., etc)? \_\_\_\_\_

Was an accident report made? \_\_\_\_\_

Est. of auto damage: \$ \_\_\_\_\_

Was your car drivable? \_\_\_\_\_

Year/make/model of **other** car: \_\_\_\_\_

Were you hit from: Front | Back | Right side | Left side

Were your brakes applied?  Yes  No

Was your car: automatic | manual transmission

Were you wearing: lap belt | shoulder belt

Were you aware of the impending collision?

Yes  No

Were there:

Multiple vehicular impacts

Impacts with road barriers (poles, trees, barriers, etc.)

Did you notice any bruising/swelling? \_\_\_\_\_

Where? \_\_\_\_\_

Have you lost work time as a result of your injuries? \_\_\_\_\_

How much? \_\_\_\_\_

Have you had any previous accidents resulting in injury  
treatment? \_\_\_\_\_

### YOUR AUTO INSURANCE

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Adjuster's Name \_\_\_\_\_

### HEALTH INSURANCE

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Identification Number \_\_\_\_\_

Group Number \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

### OTHER PARTY'S AUTO INSURANCE

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Claim Number \_\_\_\_\_

Insured \_\_\_\_\_

Adjuster's Name \_\_\_\_\_

### ATTORNEY

Has an attorney advised you in this matter? \_\_\_\_\_

Are you being represented? \_\_\_\_\_

Attorney Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_