HART
FAMILY CHIROPRACTIC

# AUTOMOBILE ACCIDENT FORM

## COLLISION INFORMATION

Name: _____ Today's Date: _____
Where did the collision occur? Street: _____ City: _____ State: _____
Date when the collision occurred: _____ ☐AM or ☐PM
Was the road: ☐Dry ☐Wet ☐Snowy ☐Icy
Were you the: ☐Driver ☐Front Passenger ☐Back left ☐Back middle ☐Back right

Describe what happened: _____

_____

_____

## CRASH DETAILS

☐Yes ☐No If driving, were both hands on the wheel at impact?
☐Yes ☐No Did you have your seat belt and shoulder strap on?
☐Yes ☐No Did the seat belt engage?
☐Yes ☐No Did the airbag engage?
☐Yes ☐No Did you hit the dash, steering wheel or window?
☐Yes ☐No Did you know you were going to be hit?
☐Yes ☐No Did you brace yourself with your hands or feet?
☐Yes ☐No If driving, was your foot on the brake at impact?
☐Yes ☐No Was your head turned at impact? ☐Right ☐Left
☐Yes ☐No Were you leaning forward?
☐Yes ☐No Was your body turned at the moment of impact? ☐Right ☐Left
☐Yes ☐No Did you get hit into another car, tree, railing, etc.?
☐Yes ☐No Any damage or marks on your vehicle, the vehicle that hit you, or another object that was hit?
What part of the vehicle was hit? _____

Year, make and model of vehicle you were in: _____ The other vehicle: _____

2. Did the car have headrests? ☐Yes ☐No
3. Did you hit your head on the headrest? ☐Yes ☐No ☐Don't Recall
4. Was the headrest positioned ☐ below ☐ level with ☐above the center of your head?
5. Do you feel pain in your:
   ☐ neck ☐mid-back ☐ low back ☐upper extremities ☐lower extremities
6. How soon after the collision did you notice any pain? _____
7. Did the crash affect:
   ☐ dizziness ☐ memory ☐ concentration ☐ headaches ☐ balance ☐ nightmares ☐ breathing ☐ irritability
   ☐ ability to read ☐ ability to listen ☐ appetite ☐ nausea ☐ vision
8. Have you sought treatment for your accident? ☐Yes ☐No If yes, where? _____
9. Is there anything else you want us to know? _____

## INSURANCE INFORMATION

Name of Insurance Company: _____ Phone Number: _____
Claim #: _____ Policy #: _____
Have you been contacted by an insurance adjuster? ☐ Yes ☐ No Name: _____
Do you have an attorney? ☐ Yes ☐ No Name: _____
Was there a police report filed? ☐ Yes ☐ No

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