## VEHICLE ACCIDENT INFORMATION

PATIENT INFORMATION								
	Date							
Patient Name				And other research and the second an				
Date of Accident			ime of Accident			□ a.m.		
						□ p.m.		
Please describe the accident in your own words:								
						ad drief in a flaghalf of severe does stayle in his flavor have now in		
						dalla find and has da has half the light of chances for		
Were you the:	☐ Driver		Passenger	How many peop				
, , , , , , , , , , , , , , , , , , ,	☐ Rear Passenger	☐ Pede	strian	in the accident v	ehicle?			
ACCI	IDENT SITE			IMPACT	**************************************			
					7	**************************************		
Road/Street Name			Did your car impact an					
City/State			Did your car impact a s					
Nearest intersection with road/street			If yes, explain			THE STATE OF THE STATE OF THE STATE OF		
Driving conditions   Dry  Wet   Icy  Other			AND AND OWN TO AN Own desired Advantage and passed and account of a continuous					
Which direction were you headed?			Did any part of your body strike anything in the vehicle?					
Speed you were traveling?			☐ Yes ☐ No If yes, explain					
			Was impact from :					
VEHICLE			☐ Front ☐ Rear ☐ Left ☐ Right ☐ Other					
V 5.4 5.5 7 7 5.4 5.4			At the time of impact w	/ere you:				
Make and model of vehicle you were in:			☐ Looking straight ahead ☐ Looking to the right					
			☐ Looking to the left ☐ Looking down					
Were you wearing a seatbelt? ☐ Yes ☐ No  If yes, what type? ☐ Lap ☐ Shoulder		ulder I	☐ Looking up					
Was vehicle equipped with airbags? ☐ Yes ☐ No		ana para mana mana mana mana mana mana mana m	Were both hands on the lf no, which hand w	40		□ No □ Left		
If yes, did it/they inflate properly? ☐ Yes ☐ No		annizzana oproces	odinaria de la constanta de la		407			
Did your seat have a headrest? ☐ Yes ☐ No			Was your foot on the b		☐ Yes ☐ Right	□ No □ Left		
If yes, what was the position of the headrest?		out of the second	original control of the control of t		-			
☐ Low ☐ Midposition ☐ High			Were you: ☐ Surpris	ed by impact	Braced to	r impact		
OTH	ER VEHICLE ((f applicable)			POLICE	sukscentriskrimmer vor inskrinken Schakerbuskisken beskelver	uponto de apulación de la lista de la finación con el cinera (l		
		***************************************	Did the police come to			□No		
Make and model of other	er vehicle		Were there any witnes		☐ Yes	□ No		
Which direction was other vehicle headed?			Was a police report file Was a traffic violation i		☐ Yes ☐ Yes	□ No □ No		
Speed other vehicle was traveling		Note that the second se	If yes, to whom?	The same and and and and a	terroit the total	house 1 th		

(Vers.C2SSS04)

PATIENT CONDITION						
Were you unconscious immediately after the accident? Yes No If yes, for how Please describe how you felt immediately after the accident:	w long?					
TREATMENT  Did you go to the hospital?   Yes   No  When did you go?   Immediately after accident   Next day   2 days or						
How did you get to the hospital?						
Name of hospital Name of doctor Diagnosis						
Treatment received						
X-rays taken						
Have you been able to work since this injury?						
Is it constant or does it come and go?						
Does it interfere with your:	on					
Movements that are painful to perform: Sitting Standing Walking Bending Lying Down						
To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to info change in health.	orm my doctor if I, or my minor child, ever have a					
Signature of Patient, Parent, Guardian or Personal Representative	Date					
Please print name of Patient, Parent, Guardian or Personal Representative	Relationship to Patient					