ABARR LAKE CHIROPRACTIC & ACUPUNCTURE CLINIC

Auto Accident Information

Name: _____ Date: _____

Insurance Company: _____ Claim Adjuster Name and Phone Number: _____

Claim #: _____ Date of accident: _____

What was your position in the vehicle? ☐ Driver ☐ Passenger ☐ Other
What type of vehicle were you driving? _____

What speed were you traveling at the time of the accident? _____

Circumstances of accident:

☐ Stopped and rear ended ☐ Hit head on ☐ Car ran stop light/sign ☐ Side swiped ☐ Lost control of vehicle

☐ Other (explain) _____

_____

_____

What was your vehicles point of impact? _____

What speed was the other vehicle traveling? _____

What was the other vehicles point of impact? _____

Were you wearing seat restraints? ☐ **y** ☐ **N** Did your air bag deploy? ☐ **Y** ☐ **N**
What position were your headrests in? _____

Were you prepared for the impact? _____

What position was your body in immediately prior to impact? _____

_____

Did you feel immediate pain? ☐ **Y** ☐ **N** Explain _____

_____

List each part of your body that struck the following vehicle parts during the accident:

Dashboard _____
Windshield _____
Steering wheel _____
Right door _____
Left door _____
Seat frame _____
Unknown object _____
What was your mental/emotional state immediately following the accident? _____

_____

_____

Did you receive medical attention at the scene of the accident? ☐ **Y** ☐ **N**

Explain: _____

_____

_____

Where did you go immediately following the accident?

☐ about my business	☐ home	☐ Home then to hospital later	
☐ hospital	☐ by ambulance	☐ friend drove	☐ drove myself
☐ seen in the ER	☐ examined	☐ x-rayed	☐ prescribed meds
☐ admitted to hospital	☐ Other(explain)		

When did you first consult a physician? _____ Still under care ☐ **Y** ☐ **N**

Who did you consult? _____ Type of Physician? _____

What types of treatment have you had to this point? _____

_____

_____

Have you lost time for work?	☐ **Y** ☐ **N**
Do you have an attorney?	☐ **Y** ☐ **N**
Have you had prior treatment for this problem?	☐ **Y** ☐ **N**

Signature_____ Date _____