

MOTOR VEHICLE COLLISION REPORT

Name: _____ Today's Date: _____ Date of Accident: _____

Briefly describe your accident: _____

Were you wearing a seatbelt? ____ Yes ____ No

Was a police report filed? ____ Yes ____ No

Do you have a copy of the police report? ____ Yes ____ No

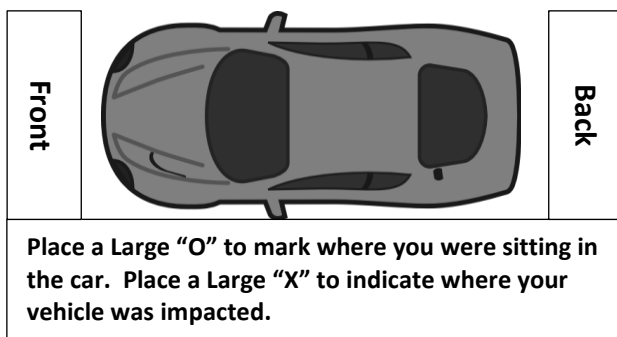
You were the: ____ driver
____ front passenger
____ rear passenger (right)
____ rear passenger (middle)
____ rear passenger (left)
____ other _____

Did your head hit any part of the car? ____ Yes ____ No

If yes, describe: _____

Did any part of your body hit any part of the car? ____ Yes ____ No

If yes, which part? _____



If you were not the driver, who was? _____ Who is the owner of the car you were driving? _____

Was there anyone else in the car with you? ____ Yes ____ No If yes, have they been examined for injuries? ____ Yes ____ No

What type of vehicle (make/model) were you in at the time of the accident? _____

What type of vehicle (make/model) impacted your vehicle? _____

What was the damage to your vehicle? _____ Do you have pictures of the damage? ____ Yes ____ No

What was the damage to the other vehicle? _____ Do you have pictures of the damage? ____ Yes ____ No

Who was at fault? _____ Who is your auto insurance company? _____

Who is the other driver's auto insurance company? _____

HOSPITAL REPORT

Did you go to the hospital after your accident? ____ Yes ____ No Were you taken by ambulance? ____ Yes ____ No

When did you go to the hospital? ____ Immediately after accident ____ 1-3 days after accident ____ other

Were X-rays taken? ____ Yes ____ No

Have you seen any other healthcare provider **for this accident?** ____ Yes ____ No If yes, who? _____

What treatment(s) have you received from them and for how long? _____

WORK STATUS REPORT

Were you employed at the time of your accident? ____ Yes ____ No

Have you been off work because of this accident? ____ Yes ____ No If yes, for how long? _____

Were you off work because: ____ A doctor took you off work ____ You took yourself off work
____ Your boss took you off work ____ You were fired

Doctor's Signature Confirming Review with Patient: _____