

MOTOR VEHICLE COLLISION REPORT

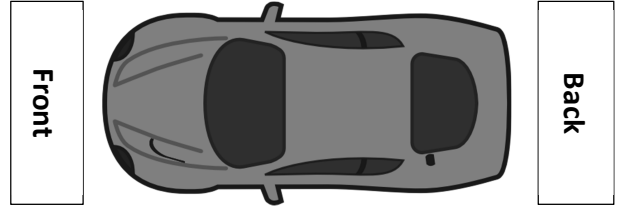
Name: _____ Today's Date: _____ Date of Accident: _____

Briefly describe your accident: _____

Which road were you driving on? _____

In which direction were you headed? _____

What was the nature of your trip? (ex. headed home from work, etc.)



Place a Large "X" to mark where you were sitting in the car. Place a Large "O" to indicate where your vehicle was impacted.

Were you wearing a seatbelt? Yes No

Was a police report filed? Yes No

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

How fast was your vehicle moving? (mph) _____

How fast was the other vehicle moving? _____

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 care? Yes No
 If yes, which part? _____

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? _____

Were you aware of the impending collision? Yes No

Were you facing: forward right left?

What was the damage to your vehicle? _____

What was the damage to the other vehicle? _____

HOSPITAL REPORT

(If you did not visit a hospital or other health care provider after your accident, go to the work status section below.)

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: _____