Heard Chiropractic Clinic

Auto Accident Injury Report

Name: _____ Date: _____

Please check what applies to you.

1) What was your position in the vehicle?
❑ Driver ❑ Pedestrian ❑ Front seat Passenger ❑ Back seat passenger

2) What type of vehicle were you driving?
❑ Compact car ❑ Mid size car ❑ Full size car ❑ Compact truck ❑ Mini van
❑ Full size van ❑ Compact sports utility vehicle ❑ Full size sports utility vehicle
❑ Full size truck ❑ Motorcycle ❑ Other: _____

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

4) Who hit you?
❑ I was struck by another vehicle ❑ I struck another vehicle ❑ I struck a stationary object
❑ Struck a culvert ❑ Other: _____

5) What was your vehicle's point of impact?
A. Front: ❑ Right ❑ Left ❑ Middle
B. Rear: ❑ Right ❑ Left ❑ Middle
C. Side: ❑ Right ❑ Left

6) What speed was the other vehicle traveling? _____

7) What was the other vehicle's point of impact?
A. Front: ❑ Right ❑ Left ❑ Middle
B. Rear: ❑ Right ❑ Left ❑ Middle
C. Side: ❑ Right ❑ Left

8) Were you wearing a seatbelt? ❑ Yes ❑ No
❑ Full shoulder and lap restraints ❑ Wearing a lap restraint ❑ Wearing a shoulder restraint
❑ Was not wearing any seat restraints ❑ Was NO seat restraints
❑ Was a child in a rear facing car seat

9) What position were the headrests in? ❑ High ❑ Low ❑ Middle ❑ None

10) Did the airbag deploy? ❑ Yes ❑ No

11) Were you prepared for the impact?
❑ Was taken off guard ❑ Saw it coming ❑ Saw it coming and braced

12) What position was you body in just prior to impact?
❑ A straight position
❑ Tilted forward position
❑ Position rotated to the left
❑ Position rotated to the right
❑ Unable to remember position

13) What happened to your body at the moment of impact?
❑ Tensed for impact
❑ Whipped violently forward and backward
❑ Whipped violently torqued and twisted
❑ Thrown over seat
❑ Thrown from vehicle
❑ Pinned in vehicle
❑ Thrown violently side to side
❑ Body cut and bruised
❑ Other:_____

14) What was your mental/emotional state following the accident?
❑ Was not rendered unconscious by the impact of the accident
❑ Was not rendered unconscious but was shaken and disoriented
❑ Was not rendered unconscious but was shaken up
❑ Was not rendered unconscious but disoriented
❑ Was rendered unconscious by the impact of the accident

15) Did you receive medical treatment at the scene of the accident? ❑ Yes ❑ No

16) Where did you go immediately following the accident?
❑ Home ❑ Hospital ❑ Regular Physician ❑ This office ❑ Resumed Activity

17) List each body part that struck the following vehicle parts during the accident:
❑ Dashboard _____
❑ Windshield_____
❑ Steering Wheel _____
❑ Right Door_____
❑ Left Door _____
❑ Seat Frame_____
❑ Unknown Object _____

18) What did you do the next day? _____
_____