

# **AUTOMOBILE ACCIDENT HISTORY FORM**

1. Name \_\_\_\_\_ Date \_\_\_\_\_

2. Accident: Date: \_\_\_\_\_

Time: \_\_\_\_\_

City: \_\_\_\_\_

Street: \_\_\_\_\_

3. Did police come to the scene of the accident? \_\_\_\_\_ Report taken? \_\_\_\_\_

4. Did paramedics come to the scene of the accident? \_\_\_\_\_

5. Road conditions at the time of the accident? Wet \_\_\_\_\_ Dry \_\_\_\_\_ Icy \_\_\_\_\_

6. Where were you seated in the vehicle? \_\_\_\_\_

7. Did the impact catch you by surprise? \_\_\_\_\_

8. Did you lose consciousness? \_\_\_\_\_

9. Were you wearing your safety belt? \_\_\_\_\_

10. Were you taken to the hospital? \_\_\_\_\_ X-rays taken? \_\_\_\_\_

11. How did you get to the hospital? \_\_\_\_\_

12. Have you seen your primary doctor for this accident? \_\_\_\_\_

13. Was your car drivable after the accident? \_\_\_\_\_

14. If you did not go to the hospital after the accident, where did you go and who drove you there? \_\_\_\_\_

15. List year, make, and model of the vehicle you were in: \_\_\_\_\_

16. List year, make, and model of the vehicle that struck you: \_\_\_\_\_

17. Was your car stopped at the time of impact? \_\_\_\_\_

18. If your car was moving, how fast were you going at the time of impact? \_\_\_\_\_

19. What parts of your car was damaged? \_\_\_\_\_

20. What is the estimated cost of damage to your car? \_\_\_\_\_

21. Briefly describe what had happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Signature: