

HOLLY SPRINGS CHIROPRACTIC AUTO ACCIDENT INFORMATION

Name: _____

Today's Date ___/___/___

ACCIDENT DETAILS:

Date of Accident: ___/___/___ Time of Day: _____ Location of Accident: _____
City or Town in which accident took place: _____ State: _____

Were you a: Driver Passenger Pedestrian

Were you struck from: Behind Right Side Left Side Front

Were you looking: Straight Ahead To the Left To the Right

Was your vehicle: Stopped to make a turn Stopped for a traffic signal Parked
 Moving at the time of impact Other: _____

Did your body strike anything in the car? Yes No Please describe: _____

Were you wearing a seat belt? Yes No

Describe in detail how the accident occurred: _____

Were you rendered unconscious as a result of the collision? Yes No

Were you taken to the hospital after the accident? Yes No By Ambulance or private car? _____

Were you taken to the hospital *immediately* after the accident? Yes No
If not, how much time had elapsed before you went to the hospital? _____

Which hospital were you taken to? _____

Have you been x-rayed since the accident? Yes No If so, where? _____

Have you lost any days of work as a result of the accident? Yes No If yes, how many have you lost? _____

Have you ever been in a previous auto accident? Describe all instances, giving approximate dates of the accidents, as well as the injuries sustained.

Date	Injuries sustained
___/___/___	_____
___/___/___	_____

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INFORMATION ABOUT THE PARTIES TO THE ACCIDENT

Did a police officer write up a police report on the accident? Yes No

If yes, what police department wrote up the report? _____

Do you have a copy of the police report? Yes No *If yes, please provide our office with a copy of the report.*

Was a ticket or citation issued by a police officer as a result of the accident? Yes No

Who received the ticket or citation? _____

Do you have any "courtesy slip" or other information concerning the other parties involved in the accident? Yes No
If yes, please provide our office with a copy of the report.

Did the accident involve a hit-and-run driver? Yes No

Are you licensed to drive? Yes No *Please provide our office with a copy of your license.*

Is the car which you normally drive properly registered? Yes No
Please provide our office with a copy of the registration.

Were you in your own vehicle or someone else's at the time of the accident?

My Own Vehicle My Spouse's Vehicle My Parent's Vehicle A Friend's Vehicle Other

If you were in someone else's vehicle, answer the following:

Name of Owner: _____

Address of Owner: _____

Was there any property damage to either of the vehicles as a result of the accident?

Both Vehicles The other person's vehicle The vehicle I was in Neither vehicle was damaged

Your Auto Insurance Company (at the time of accident): _____

Agent: _____ Phone: _____

Have you been contacted by an adjuster from the other party's insurance company regarding this claim? Yes No

Name of Adjuster: _____ Company: _____

Phone: _____ Claim Number: _____

Check all that apply:

I have settled my personal injury claim with this company. I have settled the property damage claim.

I have signed an agreement that will pay my medical expenses for a period of time (explain) _____

I have not signed any agreement, nor settled any portion of my claim.

Does an attorney currently represent you? Yes No *If NO, do you wish to retain an attorney? Yes No*

Name of Attorney: _____ Phone or City: _____