



PERSONAL INFORMATION

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Cell phone _____ Home phone _____

Work phone _____ Email _____

Employer _____ Type of work _____

Date of birth _____ Age _____ Sex: Male Female

EMERGENCY CONTACT

Name _____ Phone _____

Relationship _____

INSURANCE INFORMATION

Your auto insurance company _____

Policy number _____ Claim number _____

Name of agent _____ Phone number _____

Name of driver of vehicle in which you were injured (self or other) _____

Driver's auto insurance company _____

Policy number _____ Claim number _____

Name of agent _____ Phone number _____

LEGAL INFORMATION

Your attorney (if you have retained one) _____ Law firm _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Email _____

ACCIDENT DETAILS

Date of accident _____ Time of accident _____

You were heading North South East West _____ on (street or highway) _____

Number of people in your vehicle _____ You were Driver Passenger Front seat Back seat _____

Struck from Front Behind Left side Right side _____ Wearing seatbelt Yes No _____ Other protective device Yes No _____

Head strike Yes No _____ Lost consciousness Yes No _____ If yes, how long? _____

When did you first feel pain? Immediately Later that day Next day Other (specify) _____

Where did you feel pain? _____

Were police notified? Yes No _____ Were you taken to a hospital? Yes No _____

How did the accident happen? _____



DIAGNOSIS AND TREATMENT

Was a doctor consulted after the accident? Yes No

Doctor's name M.D. D.C. D.O. D.D.S.

Address City State Zip

Phone number Email

Doctor's diagnosis

Treatment given

How often did you see the doctor?

How long did you see the doctor?

State of your symptoms Improving About the same Getting worse

Did you have a history of pain in the area before the accident? Yes No

If yes, describe the pain you had before the accident

Before the accident, were you capable of working on an equal basis with others your age? Yes No

Are your work activities restricted as a result of the accident? Yes No

If yes, describe how
