PRAIRIE FAMILY & SPORTS CHIROPRACTIC
AUTO ACCIDENT REPORT

Today's date: ___/___/___

Name: ____

Date of accident: ___/___/___ Approximate time: ____ am/pm

Location of accident: ____

Briefly describe how the accident happened: ____

____

From which direction were you struck? ☐ Front ☐ Rear ☐ Left Side ☐ Right Side

Were you the ☐ Driver ☐ Passenger. If passenger, where were you seated? ☐ Front ☐ Back ☐ Other

Was anyone else in the car? ☐ Yes ☐ No If yes, indicate name: ______________________

Were you wearing seat belts? ☐ Yes ☐ No

Which direction were you looking at the time of impact? ☐ Forward ☐ Right ☐ Left ☐ Up ☐ Down ☐ Other
Were you rotated in the seat? ☐ Yes ☐ No

What type of vehicle were you in? ☐ Compact ☐ Midsize ☐ Full Size ☐ Truck ☐ Other ____________
____

Describe the other vehicle(s): ☐ Compact ☐ Midsize ☐ Full Size ☐ Truck ☐ Other ______________

Was your vehicle ☐ Stopped ☐ Moving. What was your approximate speed ____mph at time of impact.

Other vehicles approximate speed at time of impact: ____mph

Did your vehicle strike other objects/vehicles? ☐ Yes ☐ No If yes, describe: __________________

Did you hit any part of your body in the car? ☐ Yes ☐ No If yes, describe: __________________

Did you lose consciousness any time? ☐ Yes ☐ No If yes, for how long? __________________

What did you feel **immediately** after the accident? ______________________________

____

What are you currently having problems with? ______________________________________

____

When did your problems start? ____

Where did you go after the accident: ____

Have you received any treatment for your condition? ☐ Yes ☐ No If yes, name of Doctor: ___________

Have you had similar problems in the past? ☐ Yes ☐ No If yes, describe: ____________________

____

Have you missed work since the accident? ☐ Yes ☐ No If yes, list dates: ____________________

Have you returned to work? ☐ Yes ☐ No If yes, when: ____/____/____ ☐ Full-time ☐ Part-time

Are you presently unable to do/perform **any** social, recreational, or work activities because of this accident?
☐ Yes ☐ No If yes, describe: ______________________________________

____Have you obtained any legal advice? ☐ Yes ☐ No If yes, name: ______________________________________

Address: ____ Phone #: ______________________________