AUTOMOBILE HISTORY

- ## PERSONAL INFORMATION

Name ________________________________ Date ______________________
Date of Birth ________________ Age _______ Gender _____Male _____Female
Address ________________________________ City__________________ State _________
Zip code ________________ Drivers License # ______________________________

- ## CLAIM INFORMATION

Did you open a medical claim with your auto insurance carrier? ____Yes ____No
Policy holders name ________________________ Relation to policy holder ______________
Claim #: _____________________ Auto ins. company ______________________________
Adjusters name ____________________________ Phone # ____________________________
Address to send claims: ____

- ## GENERAL SYMPTOMS

Did you hit any part of your body during the collision? _____ Yes _____ No
If yes, which part and how? ____
____
Were you completely conscious after the impact? ____Yes ____No
Where were you taken after the accident? ____
Were you hospitalized? ____Yes ____No If yes, how long? ______________________
Did you receive care from any other health care specialist? _____Yes _____No
If yes, list the specialist name(s): ____
What type of care were you given? ____
For how long? ____
Where did you feel the pain? ____
What are your current symptoms? ____
____
Have you ever been injured in a similar manner? ____Yes ____No
If yes, when? ________________________,and how? ________________________________

- ## ACCIDENT HISTORY

Date and time of accident ____
Were you driving? _____Yes _____No Were you a passenger? _____Yes _____No
If a passenger, where were you in the vehicle? _____Front _____Back
_____Right side _____Left side
Was it your vehicle? ____Yes ____No If not, who's vehicle was it? ____________________
Were you rotated in your seat? _____Yes _____No
Did you have your seat belt on? ____Yes ____No Shoulder harness on? ____Yes ____No
Was it ____Daylight ____Night ____Dusk ____Dawn
Were you tired? ____Yes ____No Were you awake? ____Yes ____No
How long had you been in the vehicle? ____
Where were you prior to the accident? ____
What were the weather conditions? ____
What were the traffic conditions? ____
What was the posted speed limit? ___________ How fast were you going? ___________
What type of road was the vehicle on? ____Two lane ____Four lane
____Gravel ____Tar

Did the accident happen at a ____Stop sign ____Traffic light ____Intersection
What type of vehicle were you in? Make ___________ Model ___________ Year ________
What condition was your car in prior to the accident? _________________________________
Do you have any photos of the vehicles involved in the accident? ____Yes ____No
Where was the vehicle you were in hit ____Front ____Back
____Left side ____Right side
Describe the damage done to the vehicle you were in? Inside _________________________
Outside _________________________
Other __________________________
Did the vehicle strike: ____Another vehicle ____A sign ____A tree ____A bridge
____A hedge ____An embankment Size & type __________________________________
If you struck another vehicle, did you strike it on the: ____Front ____Back ____Side
Did your vehicle go off the road? ____Yes ____No
If yes, did it go into: ____A ditch ____An embankment ____How deep? ______________
What was the damage to the other vehicle? Inside ___________________________________
Outside _________________________________
Other __________________________________
What type of vehicle was the other person involved driving? ____Car ____Truck
____Motorcycle ____RV Size & Type ______________
Were the police at the scene: ____City ____County ____State
Who was ticketed? __________________________ For what? ________________________
Have you had any time loss from work? ____Yes ____No If yes, how long? ___________
Have you had to have any outside help? ____Yes ____No If yes, with what? __________
____
Does it bother you to ride in a vehicle now? ____Yes ____No
If yes, as ____A driver ____A passenger
State any strange events that happened during or immediately after the accident __________
____
____
Other people in the vehicle with you: Name and address ______________________________
____
Name and address ______________________________
____

State how the accident happened in your own words. Use an additional sheet of paper if necessary.

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