

DENVER | HEADACHE

AND SPINE CENTER P.C.

Automobile Accident Form

Date: _____

Name: _____ Date of accident: ___/___/_____ SSN: _____

Your Auto Insurance Carrier	Other Driver's Auto Insurance Carrier
Name of Insured:	Name of Insured:
Insurance Company:	Insurance Company:
Adjustor Name:	Adjustor Name:
Adjustor Phone:	Adjustor Phone:
Accident Claim #:	Accident Claim #:

Please describe the accident in your own words:

Time of accident: _____ AM/PM Location of accident: _____

Road conditions at time of accident: _____ Police report filed? Yes No

Involving: Car Taxi Bus Motorcycle Truck Van Other: _____

Vehicle you were in at accident - Make: _____ Model: _____ Year: _____

Were you: Driver Passenger - (Front / Back) Pedestrian Riding a bicycle Other: _____

Was your vehicle stopped at the time of impact? Yes No If no, estimate speed: _____

Were you aware of the approaching collision or were you caught by surprise? _____

Were you wearing a seatbelt? Yes No If yes: Shoulder belt Lap belt

Were you struck from: Front Behind Left Right Left Oblique Right Oblique

Did your body strike: Window Dashboard Door Steering Wheel Other: _____

Was your head pointed straight forward? Yes No If no, which direction? _____

Was the trunk of your body pointed straight forward? Yes No If no, which direction? _____

Did you lose consciousness? Yes No If yes, approximately how long? _____

Were you taken to the hospital? YES (By Ambulance By Relative/Friend Drove Self) NO

Name and address of hospital: _____

Were you (check all that apply):

- Kept overnight Admitted for _____ days X-rayed Where: _____
- Treated for cuts/bruises Examined and released Examined and released with medications
- Advised to follow up with own physician as soon as possible Treated for fractures

Other vehicle involved in accident - Make: _____ Model: _____ Year: _____

Was other vehicle stopped at the time of impact? [] Yes [] No If no, estimate speed: _____

If other vehicle was moving at the time of collision, was it:

- Slowing down Gaining speed Traveling at a steady speed

Attorney / Law Practice
Name: _____
Address: _____
Phone: _____
Fax: _____

In case of Emergency:

Name: _____ Relationship: _____

Home Phone: _____ Mobile: _____ Work: _____