Accident Injury Report

Name: ____________________________________ Today's Date: _________________________

All questions must be answered to their fullest.

Date of Accident: _____________ Location of Accident ____

Type of Accident: ☐ Auto/Traffic ☐ Work/On Job ☐ At Home ☐ Other ___________________________

Was the accident reported to the Police Department? ☐ Yes ☐ No Number of people in your vehicle? ________

Were you a ☐ Driver ☐ Passenger ☐ Pedestrian?

If passenger, were you sitting in ☐ Front ☐ Right Rear ☐ Left Rear?

What kind of vehicle were you in? ☐ Car ☐ Truck ☐ Motorcycle ☐ Other ______________________

Did your vehicle hit other vehicle(s)? ☐ Yes ☐ No Estimated speed of your vehicle at impact? ________MPH

Was your vehicle hit by other vehicle(s)? ☐ Yes ☐ No Estimated speed of other vehicle at impact? _______MPH

What kind of vehicle hit yours? ☐ Car ☐ Truck ☐ Motorcycle ☐ Other ___________________________

Was the impact from ☐ Front? ☐ Right Side? ☐ Left Side? ☐ Rear?

Were you wearing a seat belt? ☐ Yes ☐ No Did you strike anything at the time of impact? ☐ Yes ☐ No

If yes, specify: ☐ Steering Wheel ☐ Dashboard ☐ Windshield ☐ Side Door/Window ☐ Arm Rest

Please select part of Body: ☐ Chest ☐ Chin ☐ Knee ☐ Shoulder ☐ Hand ☐ Head ☐ Other

Describe how the accident happened in your own words: ____

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VEHICLE YOU WERE IN	**OTHER VEHICLE**
Driver:	Driver:
Auto Insurance Co.:	Auto Insurance Co.:
Adjustor:	Adjustor:
Phone:	Phone:
Med Pay Limit: $	Claim #:
Claim #:	

Have you been contacted by an adjustor or representative of the opposing Insurance Company? ☐ Yes ☐ No

Date Contacted: _____________ Rep. Name: _________________________ Insurance Co.: _____________________

Have you been contacted by your insurance Company? ☐ Yes ☐ No

Your Insurance Agent's Name: ________________________________ Phone #: ________________________

Have you retained an attorney? ☐ Yes ☐ No Date attorney retained or to be retained? ___________________

Attorney's Name: ___________________________________ Phone #: ________________ Fax #: ________________

Full Address: ____