

**Automobile Accident Information**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Date & Time of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ \_\_\_\_A.M. \_\_\_\_P.M.

Were you the: \_\_Driver \_\_Front Passenger \_\_Rear Passenger

If a traffic violation was issued, to whom was it issued?

Please list the other people involved in the accident: \_\_\_\_\_

Were the other people injured? \_\_Yes \_\_No

Did the police come to the accident site? \_\_Yes \_\_No

Was a police report filed? \_\_Yes \_\_No

Were there any witnesses? \_\_Yes \_\_No

Were you wearing your seat belt? \_\_Yes \_\_No

Was this vehicle equipped with airbags? \_\_Yes \_\_No

If yes, did it/they inflate? \_\_Yes \_\_No

In relation to the base of your skull, where was the headrest?

\_\_Above \_\_Below \_\_At the base of skull

What did your vehicle impact? \_\_Another vehicle \_\_Other

If other, explain: \_\_\_\_\_

Did any part of your body strike anything in the vehicle? \_\_Yes \_\_No

If yes, please describe: \_\_\_\_\_

Make & model of the vehicle you were occupying:

Name of the location/street on which you were traveling:

In which direction were you headed? \_\_N \_\_S \_\_E \_\_W

What was the approximate speed of your vehicle? \_\_\_\_\_

Did the impact to your vehicle come from the:

\_\_Front \_\_Rear \_\_Right side \_\_Left side \_\_Other

Were you: \_\_aware of or \_\_surprised by the impact?

If accident vehicle made impact with another vehicle:

Make & model of the other vehicle:

Direction the other vehicle was headed? \_\_N \_\_S \_\_E \_\_W

Speed of the other vehicle? \_\_\_\_\_

In your words, please describe the accident: \_\_\_\_\_