

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

## AUTO ACCIDENT FORM

### History of Occurrence

- Pedestrian    Driver    Passenger Middle Front    Passenger Right Front    Passenger Left Rear  
 Passenger Center Rear    Passenger Right Rear

### Patient Vehicle Type

- Compact    Mid-Size    Full-Size    SUV    Pick-Up    Motorcycle

### Second Vehicle

- Compact    Mid-Size    Full-Size    SUV    Pick-Up    Motorcycle

### Third Vehicle

- Compact    Mid-Size    Full-Size    SUV    Pick-Up    Motorcycle

### Road Conditions

- Dry    Icy    Wet    Clear    Foggy    Dark

### Road Type

- Concrete    Asphalt    Gravel    Dirt

Were you aware the accident was going to occur?    Yes    No

Were you wearing your seat belt?    Yes    No

Did your airbag deploy?    Yes    No

Does your car have a head rest?    Yes    No   Position    Up    Middle    Down

Head Position    Straight    Left    Right   -----    Level    Up    Down

Was your car braking?    Yes    No

Was your car moving?    Yes    No  
(mph)    <5    6-10    11-15    16-20    21-30    31-40    41-50    51-60    61-70    >70

Was the other vehicle braking?    Yes    No

Was the other vehicle moving?  
(mph)    <5    6-10    11-15    16-20    21-30    31-40    41-50    51-60    61-70    >70

### Collision Details

First Impact:    Hit by another vehicle    Hit another vehicle    Hit by an object    Hit an object  
(On the)    Front    Front-Right    Front-Left    Left    Right    Right-Rear    Left-Rear    Rear    Top

Second Impact:    Hit by another vehicle    Hit another vehicle    Hit by an object    Hit an object  
(On the)    Front    Front-Right    Front-Left    Left    Right    Right-Rear    Left-Rear    Rear    Top

## Collision Results

Body was thrown  Forward  Backward  Right  Left  Can't remember

Head Hit:  Windshield  Rear-view mirror  Steering wheel  Dashboard  Back of Frontseat  
 Side window/door  Another persons body

Chest Hit:  Steering wheel  Dashboard  Back of front seat  Side window/door  
 Another persons body

Shoulders Hit:  Shoulder harness  Side window/door  Back of front seat  Another persons body

Knees Hit:  Steering wheel  Dashboard  Back of front seat  Door Panel  Centerconsole  
 Another persons body

Hips Hit:  Steering Wheel  Dashboard  Back of front seat  Door Panel  Centerconsole  
 Another persons body

## Vehicle Damage

First Vehicle:  Totaled  Significant Damage  Light Damage  No Damage

Second Vehicle:  Totaled  Significant Damage  Light Damage  No Damage

Third Vehicle:  Totaled  Significant Damage  Light Damage  No Damage

Were you hospitalized?  Yes  No

Current Symptoms:  Pain  Numbness  Stiffness  Weakness

**CONTINUE WITH CHIEF COMPLAINT HPI FORM**