



TODAY'S DATE _____ ACCIDENT DATE _____

WERE YOU THE () DRIVER () PASSENGER () PEDESTRIAN
IF YOU WERE A PASSENGER, PLEASE GIVE THE NAME OF THE DRIVER

NAME OF THE OWNER OF VEHICLE YOU WERE IN _____

NAME _____

BIRTHDATE _____ AGE _____ S.S.N _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER: HOME _____ WORK _____

MARITAL STATUS _____ SPOUSE NAME _____

PLACE OF EMPLOYMENT _____

JOB TITLE/DESCRIPTION _____

DATES OF EMPLOYMENT: From _____ to _____

WERE YOU DOING WORK FOR YOUR EMPLOYER WHEN THE ACCIDENT
HAPPENED? _____

SALARY _____ per _____

HAVE YOU MISSED TIME FROM WORK DUE TO THE ACCIDENT? _____

DID THE OTHER DRIVER GET A TICKET? _____

NAMES AND AGES OF PASSENGERS IN YOUR VEHICLE:

1. _____

2. _____

3. _____

HOW MANY PEOPLE WERE IN THE OTHER DRIVER'S VEHICLE?

DESCRIBE HOW THE ACCIDENT HAPPENED _____

IS YOUR VEHICLE DRIVABLE? _____ LOCATION OF VEHICLE AT THIS

TIME _____

WAS THERE A THIRD CAR INVOLVED? _____

WHAT PART OF YOUR CAR IS DAMAGED? _____

DID YOU HAVE YOUR SEAT BELT ON? _____

HOW FAST WERE YOU GOING AT THE TIME OF THE ACCIDENT? _____ mph

DAMAGE TO YOUR VEHICLE () SLIGHT () MODERATE () HEAVY
() TOTALED

HAVE YOU BEEN IN A PREVIOUS ACCIDENT IN THE LAST 12 MONTHS? _____

IF SO, DID YOU PURSUE A CLAIM? _____

IF SO, HOW MANY DAYS? _____

ARE YOU COVERED UNDER ANY POLICY OF HEALTH INSURANCE?

NAME, ADDRESS, PHONE NUMBER OF TREATING DOCTOR

DESCRIBE YOUR INJURIES:

PLEASE GIVE TWO EMERGENCY NUMBERS WHERE YOU CAN BE REACHED
(DO NOT GIVE THE NAME OF A MEMBER OF YOUR HOUSEHOLD OR PARTY
IN YOUR VEHICLE AT THE TIME OF THE ACCIDENT).

NAME _____ NAME _____

TELEPHONE _____ TELEPHONE _____

RELATIONSHIP TO YOU _____ RELATIONSHIP TO YOU _____

DID YOU GO TO THE HOSPITAL FOR THIS ACCIDENT? _____

IF SO, WHERE _____

NAMES AND PHONE NUMBER OF ANY WITNESSES:

1. _____

2. _____

3. _____

LOCATION OF ACCIDENT _____

TIME OF ACCIDENT _____ ROAD CONDITIONS _____

HAVE YOU REPORTED THIS ACCIDENT TO YOUR INSURANCE CO.?

DID YOU GET A TRAFFIC TICKET? _____ COURT DATE/TIME _____

IF SO, WHAT WERE YOU CHARGED WITH? _____