IF YOURS WAS AN ACCIDENTAL INJURY PLEASE COMPLETE THE FOLLOWING QUESTIONS

Name__________________________________ Date of Accident___________________ Hour____ Am_____ PM

Location of Accident ____

How did the accident occur? ☐ Auto Collision ☐ On-the-job Injury ☐ Other_________________________________

Please describe the circumstances of the accident ____

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Following the accident did you go to the hospital? ☐ Yes ☐ No What Hospital? _______________________________

Have you lost any days at work because of this accident? ☐ Yes ☐ No

If yes, what were the dates that you missed work due to this accident? ____

Describe your limitations that keep you from working ____

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If you were involved in an auto accident, were you: ☐ Driver ☐ Passenger ☐ Pedestrian

Was the auto struck from: ☐ Behind ☐ Right Side ☐ Left Side ☐ Front ☐ Auto Was Parked

Did your car strike the other car? ☐ Yes ☐ No Did the other car strike you car? ☐ Yes ☐ No

Were traffic citations issued to the driver of your car? ☐ Yes ☐ No To the Driver of the other car? ☐ Yes ☐ No

Did you feel pain immediately after the accident? ☐ Yes ☐ No

Were you surprised by the impact? Yes ☐ No ☐ Were you braced for the impact? ☐ Yes ☐ No

Did your head strike an object? ☐ Yes ☐ No

Where was your head facing at the time of impact? ☐ Left ☐ Right ☐ Forward ☐ Unknown

In relation to your head, was your headrest set: ☐ Low ☐ Middle ☐ High ☐ None

Were you wearing a seatbelt harness? ☐ Yes ☐ No

Was your airbag deployed? ☐ Yes ☐ No

Were you rendered unconscious as a result of the accident? ☐ Yes ☐ No

Size of your vehicle? ☐ Small ☐ Mid ☐ Large ☐ Unknown Size of the other vehicle? ☐ Small ☐ Mid ☐ Large ☐ Unknown

INSURANCE COMPANIES INVOLVED My Company ___________________________________ Phone # _____________________

My Policy # ____ Insurance Agent ______________________________________

Person Responsible for your Injuries ____

Their Insurance Company ____ Phone # ______________________

Their Policy # ____ Adjuster's Name _______________________________________

Adjuster's Phone # ____ Claim # ____

My Attorney's Name____ Phone # ____