Patterson Chiropractic Clinic
Auto Accident Information

Patient Name: ____________________________________ Date: __________________
Date of Accident: _________________________________ Chart #: ________________

What was your position in the vehicle?
___Driver ___Front Passenger ___Rear Passenger ___Pedestrian (not in car)

What type of vehicle were you driving?
___Compact Car ___Mid Sized Car ___Full Size Car ___Compact Truck
___Full Truck ___Mini Van ___Full Size Van ___Sm. Sport Utility
___Lg. Sport Util. ___Motorcycle ___Motor Home ___Bicycle

What was your vehicle doing just prior to the accident?
___Stopped at a Light ___Slowing Down to Stop ___At a Complete Stop
___Increasing Speed ___Merging into Traffic ___Changing Lanes

What was your approximate speed?
___5 mph ___10 mph ___15 mph ___20 mph ___25 mph ___30 mph
___35 mph ___40 mph ___45 mph ___50 mph ___55 mph ___30 mph
___65 mph ___70 mph ___75 mph ___80 mph ___Faster than 80 mph

Who his who?
_____You were struck by another car _____You struck another vehicle
_____You struck a stationary object

What was your vehicle's point of inpact?
____Front ___Rear ___Right Side ___Left Side ___Right Front
____Left Front ___Right Rear ___Left Rear

What was the other vehicle doing just prior to the accident?
___Stopped at a Light ___Slowing to a Stop ___At a complete Stop
___Increasing Speed ___Merging into Traffic ___Changing Lanes

What was the other vehicle's approximate speed?
___5 mph ___10 mph ___15 mph ___20 mph ___25 mph ___30 mph
___35 mph ___40 mph ___45 mph ___50 mph ___55 mph ___30 mph
___65 mph ___70 mph ___75 mph ___80 mph ___Faster than 80 mph

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What was the other vehicle's point of contact?

____Front ___Rear ___Right Side ___Left Side ___Right Front

____Left Front ___Right Rear ___Left Rear

Were you wearing seat restraints?

_____Full Lap and Shoulder Restraint _____Lap Restraint Only

_____Shoulder Restraint Only _____I was not wearing a restraint

What position were your vehicles head rest in?

____Lowest Position _____Middle Position _____Highest Position

____No head rest in vehicle

Did your vehicle's air bags deploy?

_____Yes ______No

Were you prepared for the impact?

_____Came as a complete surprise _____Aware and Braced of the Collision

_____Aware but not braced for the Collision

What position was your head and neck in prior to the impact?

____Straight Forward _____Tilted Forward _____Rotated to the Left

_____Rotated to the Right _____Turned Around _____Toward Rear View Mirror

What happened to your body at the moment of impact?

_____Body was tensed for impact _____Body whipped forward/backward

_____Body Torqued and Twisted _____Body was thrown over seat

_____Body was thrown from vehicle _____Body was Pinned in Vehicle

_____body was thrown from side to side _____Body was cut and bruised

What was your mental/emotional state immediately following?

_____Unconscious _____Shaken up _____Disoriented

_____Shaken UP & Disoriented

Did you receive medical attention at the scene of the accident?

_____Yes ______No

Where did you go immediately following the accident?

____Hospital _____Personal Doctor _____This Office

____Home _____Resumed Daily Activities