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AUTOMOBILE ACCIDENT HISTORY FORM

Name _____ Date _____

Date of Accident _____ Time of Accident _____ am - pm

City of Accident _____ Street of Accident _____

Road conditions at the time of the accident: wet — dry - icy — other _____

Did the police come to the accident scene? yes - no

Were you taken to a hospital? yes - no

If yes, what is the name of the hospital? _____
address _____

How did you get to the hospital? _____

What parts of your body were x-rayed at the hospital? _____

What treatment was provided at the hospital, or treating physician's office? _____

What medication was provided? _____

The following questions pertain to you, the patient, and the vehicle you were in.

1. Where were you seated in the vehicle? _____

2. Were you aware of the approaching collision prior to impact, or did the impact catch you by surprise?

3. Did you lose consciousness (black out) upon impact? _____

4. If you did lose consciousness, estimate for how long? _____

5. How far is the top of the headrest or seatback from the top of your head? (approximately inches above or below) _____

6. Were you wearing a seatbelt? _____ If yes, was it a lap seatbelt or a shoulder-lap seatbelt? _____

7. List the year, make, and model of the vehicle you were in: Year _____ Make _____
Model _____

8. Was your car stopped at the time of impact? _____ If yes, was the driver's foot also on the brake? _____
If no, estimate the speed of the vehicle you were in _____ mph

9. If the vehicle was moving at the time of impact, was it slowing down? _____ Was it gaining speed? _____ Was it traveling at a steady rate of speed? _____ at the time of impact.

10. Please describe, to the best of your knowledge, what happened during the accident. _____

11. What bleeding or cuts did you get during this accident? _____

12. What bruises did you get during this accident? _____

13. On what part of the auto did the following body parts hit:

- a. head hit
- b. chest hit
- c. right/left shoulder hit _____
- d. right/left arm hit _____
- e. right/left hip hit _____
- f. right/left leg hit _____
- g. right/left knee hit _____
- h. other

14. What is the cost damage to the vehicle you were in?

15. What of the following car parts broke during the accident

- a. windshield _____
- b. right or left side window _____
- c. steering wheel _____
- d. front-seat back _____
- e. other _____

16. Was the trunk of your vehicle pointed straight forward at the time of the collision? _____ If no, which direction was it turned, and by how much? _____

17. Was your head pointed straightforward?

If no, what direction was it turned, and by how much? _____

The following questions pertain to the other vehicle involved in the accident.

1. What is the year, make, and model of the other vehicle?

Year Make Model _____

2. Was the other vehicle moving at the time of the collision? _____ If yes, what was its approximate speed? mph

3. If the other vehicle was moving at the time of the collision, was it slowing down? _____ gaining speed? , or traveling at a steady speed? _____

If you have been in previous auto accidents, please list the year each was in:

- 1. _____
- 2. _____
- 3. _____
- 4. _____