

Vehicle Accident Report

Name: _____

Enter the date of the accident: _____ Enter the time of the accident: _____ AM PM

Patient Role: Driver Front passenger Rear passenger Motorcycle operator Motorcycle passenger
 ATV operator ATV passenger Other _____

Vehicle Size: Not reported Subcompact Compact Mid-size Full-size Other: _____

Travel Direction: Not reported North South East West Other: _____

Other Vehicle Size: Not reported Subcompact Compact Mid-size Full-size Other: _____

Other Travel Direction: Not reported North South East West Other: _____

Collision Location: Not reported Head On Front Behind Passenger's Side Driver's Side

Other: _____

Time of Day: Not reported Daylight Dawn Dusk Night Other: _____

Road Conditions: Not reported Dry Damp Wet Snow Ice Other:

Accident Anticipated?: Not reported Yes No

Patient Ejected?: Not reported Ejected Not ejected

Patient Struck: Not reported Steering wheel Air bag Dashboard Rear-view mirror Windshield

Car Interior Other: _____

Patient Conscious: Not reported Lost consciousness Did not lose consciousness

Seat Belt: Not reported Used Not used

Shoulder Belt: Not reported Used Not used

Head Rest: Not reported Above head Below head None

Air Bags: Not reported Deployed Did not deploy

Injury Area:

Head Neck Shoulders Upper/Mid Back Lower Back

Chest/Ribs Arms Elbows Forearms Wrists

Hands Abdomen Buttocks Pelvis Hips

Thighs Legs Knees Ankles Feet

Other: _____

I hereby authorize the doctor to examine and treat my condition as he/she deems appropriate through the use of chiropractic health care, and I give authority for these procedures to be performed. It is understood and agreed the imaging is for examination only and the negatives will remain the property of this office, being on file where they may be viewed.

Patient's/Guardian's Signature: _____

Date: _____