



Automotive Accident Form

(side one)

76A Front Street, Suite 21, Scituate, Massachusetts 02066

(781) 545-7388 • (781) 545-6552 fax

Please take a moment to complete all the questions regarding your accident. Details are very important and are used in conjunction with the doctor's analysis and final care program.

New Member Information

Full Name _____ Male Female
 What do you prefer to be called? _____ Date _____
 Age _____ Date of Birth _____ SS# _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Mobile Phone _____
 eMail Address _____

Name of Insured (check here if same as above)

Full Name _____ SS# _____
 Home Address _____ Phone _____
 City _____ State _____ Zip _____

Auto Insurance

Insurance Carrier _____
 Policy # _____ Claim # _____
 Address _____
 City _____ State _____ Zip _____
 Carrier Phone _____ Adjuster's Name (if known) _____

Accident Information (history of onset)

Date of Accident _____ Time of Accident _____ AM PM
 Have you retained an attorney? Yes No *If yes, give attorney name and address:*
 Attorney Name _____ Address _____
 Please describe in detail of how your accident occurred _____

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CARE

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accident details continued _____

Accident Injury Information

What was your position in the vehicle? _____

What type of vehicle were you driving? _____

What was your speed at the time of the accident? _____

Who hit whom? _____

Where was your vehicle's point of impact? _____

What speed was the other vehicle traveling? _____

Where was the other vehicle's point of impact? _____

Were you wearing seat restraints? _____

In what position was your vehicle head rests? _____

Did your air bad deploy? _____

Were you prepared for the impact? _____

In what position was your body just prior to impact? _____

What happened to your body at the moment of impact? _____

What was your mental/emotional state immediately following the accident? _____

Did you receive medical attention at the scene of the accident? Yes No

Where did you go immediately following the accident? _____

Bodily Injuries

List each body part that struck the following vehicle part during the accident.

Dashboard _____

Windshield _____

Steering Wheel _____

Right Door _____

Left Door _____

Seat Frame _____

Unknown Object _____

Member Name (please print)

Member Signature

Date

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