MOTOR VEHICLE ACCIDENT REPORT

Family & Sports Chiropractic Group
BLAIR "Taking The Time To Care"
1185 Arthur St Eugene, OR 97402 (541) 343-7076

Name:_____

Date of Accident:_____ Time of Accident:_____ AM / PM

City where collision occurred: _____

Street/Intersection where collision occurred: _____

Were you wearing a seat belt? Yes / No Did any airbags deploy? Yes / No

Was anyone issued a citation? Yes / No If so, Who? _____ For What? _____

Was there a Police Report? Yes / No If so, County or City? _____ Please bring in a copy of the report or let us know how we can get one.

Vehicle Description

You are Unit 1. If there were any other vehicles involved, label them Unit 2 and so on.

Unit 1:

Unit 2:

Unit 3:

Unit 4:

Draw your accident here (label cars, streets, and directions)
If you are unsure how to do this, use the space given to describe the accident in your own words

Circle where you were seated
(Numbers 1-9 indicate where you were seated at the time of the collision. #1 is the driver's seat, seats 7-9 are for third row seating)

Front of Vehicle

1	2	3
4	5	6
7	8	9

Rear of Vehicle

Your approximate speed _____ MPH Other vehicle approximate speed _____ MPH

Indicate if your body hit something or was hit by any of the following:

Please select object you came into contact with from the drop down menu for each body part effected

Body Region	Object you came into contact with
Head	
Face	
Shoulder	
Arm/Hand	
Chest	
Hip	
Knee	
Leg	
Foot	

Were you rendered unconscious? Yes / No Did you receive medical attention at the scene of the accident? Yes / No

Where did you go immediately following the accident? 1) Hospital 2) Home 3) Doctor 4) To this office 5) Resumed activities

If hospital, explain what was examined: _____

Did you have any physical complaints before the accident? Yes / No If yes, please describe: _____

_____

_____

How did you feel immediately after the accident? _____

_____

_____

Important: This form may be used in the determination of insurance benefits and/or litigation for compensation. It is imperative that this form be filled out completely to protect your rights of compensation.