

# ACCIDENT REPORT

Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ am / pm

Type of Injury:  Auto/ motor vehicle  Work  Slip/ fall  Other: \_\_\_\_\_

Describe your symptoms in detail: (check all that apply)

## 1) GENERAL SYMPTOMS:

- nervousness  insomnia/ sleep problems
- irritability  tension
- fatigue  dizziness
- depression  mental confusion

## 2) HEAD:

- Headaches:  mild  moderate  severe
- how often? \_\_\_\_\_ times per day / week
- are they:  sharp  dull  constant  intermittent
- where located:
- back of head:  forehead  temples
- right side  left side  behind eyes

### general:

- light headed  sensitivity to light
- memory loss  loss of balance
- blurred vision  hearing loss
- double vision  ringing in the ears

### jaw (temporomandibular joint):

- pain:  left  right  both
- stiffness:  left  right  both
- difficulty opening:  left  right  both
- difficulty closing:  left  right  both

## 3) NECK:

- Pain:  mild  moderate  severe

### where located

- back of neck:  front of neck
- right side  left side  center

### pain increased by:

- forward movement
- backward movement
- rotation of head: right / left
- bending of neck: right / left
- stiffness
- muscle spasm
- grinding/ grating sounds

## 4) SHOULDERS:

- pain in joint:  left  right  both
- pain across shoulder:  left  right  both
- limitation of movement:  left  right  both
- tension:  left  right  both

## 5) ARMS:

- upper arm
- pain:  left  right  both
- pins and needles/ tingle  left  right  both
- numbness:  left  right  both
- elbow pain:  left  right  both
- fore arm
- pain:  left  right  both
- pins and needles/ tingle  left  right  both
- numbness:  left  right  both

## 6) HANDS:

- wrist pain:  left  right  both
- hand
- pain:  left  right  both
- pins and needles/ tingle  left  right  both
- numbness:  left  right  both

## 7) MIDBACK:

- pain:  left  right  both
- mild:  moderate  severe
- spasm  left  right  both
- mild:  moderate  severe

## 8) CHEST:

- chest pain:  left  right  both
- mild  moderate  severe
- rib pain  left  right  both
- mild  moderate  severe
- shortness of breath
- irregular heartbeat

9) LOW BACK:

pain:  left  right  both  
 mild  moderate  severe

spasm:  left  right  both  
 mild  moderate  severe

10) ABDOMINAL SYMPTOMS:

pain  mild  moderate  severe

nervous stomach  mild  moderate  severe

nausea  mild  moderate  severe

gas  mild  moderate  severe

constipation  mild  moderate  severe

diarrhea  mild  moderate  severe

heartburn  mild  moderate  severe

indigestion  mild  moderate  severe

loss of appetite  mild  moderate  severe

11) HIPS AND LEGS:

pain in buttocks  left  right  both  
 mild  moderate  severe

pain in hips  left  right  both  
 mild  moderate  severe

pain down leg(s)  left  right  both  
 mild  moderate  severe

knee pain  left  right  both  
 mild  moderate  severe

leg cramp  left  right  both  
 mild  moderate  severe

12) FEET:

ankle pain/ swelling  left  right  both  
 mild  moderate  severe

foot pain / cramps  left  right  both  
 mild  moderate  severe

numbness / swelling  left  right  both  
 mild  moderate  severe

Where did the accident happen, in detail: \_\_\_\_\_

Did weather (ice, snow, rain, lightning, etc.) play a part in the accident?: \_\_\_\_\_

Have you seen another doctor or health care provider for these symptoms? YES NO If yes, name and address: \_\_\_\_\_

For the present injury, have you missed any work?: YES: NO If yes, dates missed: \_\_\_\_\_

Were you the:  driver  passenger, front seat  passenger, back seat  driver's side  passenger side  pedestrian

Were you wearing a seat belt? YES NO

Type of vehicle you were in: auto truck van motorcycle motorhome bicycle  other: \_\_\_\_\_

Other vehicle involved: auto truck van motorcycle motorhome bicycle  other: \_\_\_\_\_

How accident occurred:  struck BY another vehicle  struck another vehicle  struck a stationary object  other: \_\_\_\_\_

Where was your vehicle damaged: front rear right side left side left front right front left rear right rear

What occurred at the moment of impact? (check as many as apply)

- tensed body for impact
- neck whipped forward and back
- spine torqued and twisted
- thrown from vehicle
- pinned in vehicle
- thrown from side to side
- thrown over seat
- cuts and bruises
- struck a part inside the vehicle

Did you strike your (circle as many as apply):

- HEAD against: dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_
- CHEST left / right dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_
- SHOULDER left / right dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_
- ARM left / right dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_
- ELBOW left / right dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_
- WRIST left / right dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_
- HIP left / right dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_
- KNEE left / right dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_
- ANKLE left / right dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_

Other: \_\_\_\_\_ left / right dashboard windshield steering wheel right door left door seat frame other: \_\_\_\_\_

Were you rendered unconscious? YES NO Did you receive medical attention at the scene? YES NO

Where did you go immediately following the accident? home hospital MD Chiropractor work resumed regular activities

Comments: \_\_\_\_\_

By signing below, I acknowledge that the information given above is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_