

Was your car hit? Front _____ Back _____ Left Side _____ Right Side _____

What damage was done to your car? Inside _____

Outside _____

Other _____

If you struck another car, did you strike it: Front _____ Back _____ Side _____

What was the damage to the other car? Inside _____

Outside _____

What type of vehicle were you driving? Make _____ Year _____

What condition was your car in prior to the accident? _____

Do you have pictures of the involved automobile? Yes _____ No _____

What type of vehicle was involved in the accident? Car _____ Truck _____

Motorcycle _____ Size and Type _____

By Police of: City _____ County _____ State _____

Who was ticketed? _____

For what? _____

Did your vehicle strike anything? _____

Did your vehicle strike: Another car _____ A Sign _____

A Tree _____ A Bridge _____ A Hedge _____ An Embankment _____

Size and Type _____

Were you completely conscious after the Impact? _____ Do you remember the impact? _____

Did your vehicle go off the road? _____

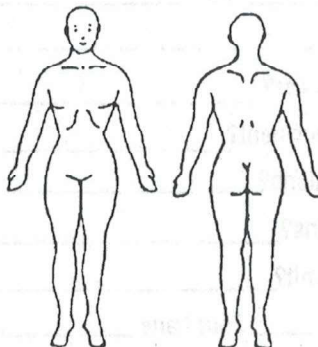
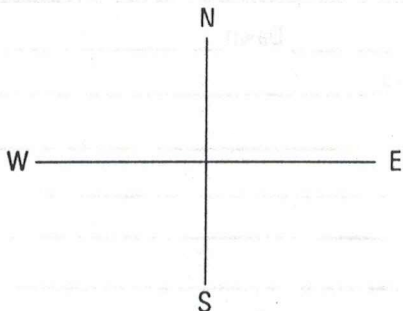
If so: Into a ditch? _____ An Embankment? _____ How Deep? _____

Does it bother you to ride in a car now? _____ If so, as a Driver _____ Passenger _____

State any strange events that happened during or immediately after the accident. _____

Have you had any time loss from work? _____

Have you had to have any outside help? _____



MARK PAIN AREA
+++ Burning
000 Stabbing
--- Sharp
||| Constant

PLEASE DRAW THE ACCIDENT