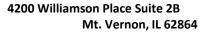




ph: 618-242-8100 fax: 618-242-8101

Auto Accident Form

Patient Name				1	Today's Date _	//	
Please mark your invol	vement in th	e Auto Accie	dent:	Pedestrian	Drive	rPass	enger
What are your current	symptoms?	Pain	Numb	ness	Stiffness	Weaknes	s
Date of Accident/	/						
Patient was located:	Driver Passenger- left rear		Passenger- middle front Passenger- middle rear		Passenger- right front Passenger -right rear		
Patient Vehicle Type:	Compact	Mid-size	Full-Size	SUV	Pick-up	Motorcycle	;
Second Vehicle Type:	Compact	Mid-size	Full-Size	SUV	Pick-up	Motorcycle	e
Third Vehicle Type:	Compact	Mid-size	Full-Size	SUV	Pick-up	Motorcycle	:
Road Conditions:	Clear	Dark	Dry		Foggy	Icy	Wet
Road Type:	Asphalt	Concre	te Dirt		Gravel		
Were you aware the acc	cident was go	oing to occur	r? Yes	No			
Were you wearing a sea	ıtbelt?	Yes	No				
Did your airbag deploy	?	Yes No					
Does your car have a ho	ead rest?	Yes No					
What position was the l	nead rest in?	Up	Middle	Down			
Patient's Head Position Right Level	: Looking Right Up	Straight Ahe	ead Left Le Right D		Left Up Looking Up	Left Down Looking Dov	wn
Accident Details							
Was your car braking?	Yes	No	-	ur car mo	_	No	
If yes, how fast? (mph)	<5 6-10	11-15	16-20 21-30	31-40	41-50 51	1-60 61-70	>70
Was the second vehicle If yes, how fast? (mph)	braking? <5 6-10	Yes No 11-15	Was the 16-20 21-30		vehicle moving 41-50 51	? Yes 1-60 61-70	No >70
Was the third vehicle b	raking?	Yes No) Was the	e third ve	hicle moving?	Yes	No
If yes, how fast? (mph)	_				41-50 51-60	61-70 >7	





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Collision Detail First Impact: Impact Location right	hit by other vel	hicle hit other vehicl front-right left-rear	e hit by object front-left rear	hit object left top					
Second Impact: Impact Location right	hit by other vel front right-rear	hicle hit other vehicl front-right left-rear	e hit by object front-left rear	hit object left top					
Collision Resul Body was throw	· · -	Backward Left	Right	Can't Remember					
Head Hit: dashboard	airbag back of the front seat	front windshield side window/door	rearview mirror another person's body	steering wheel headrest					
Chest Hit:	airbag side window/door	steering wheel another person's body	dashboard	back of the front seat					
Shoulders Hit:	shoulder harness	side window/door	back of front seat	another person's body					
Knees Hit:	steering wheel door panel	dashboard center console	back of the front seat another person's body						
Hips Hit:	steering wheel door panel	dashboard center console	back of the front seat another person's body						
Vehicle Damag Patient Vehicle: Second Vehicle: Third Vehicle:	e totaled totaled totaled	significant damage significant damage significant damage	light damage light damage light damage	no damage no damage no damage					
Hospitalized Were you hospitalized? Yes No. If yes, please answer the questions below.									
When were you	hospitalized? immed	diately later same d	ay next day	date					
How were you to	ansported to the hospit	tal? ambulance	life flight	orivate transportation					
see own docto	spital recommend? r see orthopedi			see DC nedication					
Did you have an If yes, what area		Yes No							