1700 Northside Drive Suite A-3
Atlanta, GA 30318
Office: (404)351 1800 Fax: (404) 351 1040

AUTOMOBILE ACCIDENT INFORMATION

Today's Date: ____ /____ /____
Name: ____
Claim #:_____________________ Insurance: ______________
Adjuster's Name:________________ Phone #:________________
Date & Time of Accident: ____ /____ /_____ ___: ___ ___ ___ AM ___ PM
Were you the: ___ Driver ____ Front Passenger ___ Rear Passenger
If a traffic violation was issued, to who was it issued?
____
Please list the other people involved in the accident: _________________________________
____

Were the other people injured?	___ Yes	___ No
Did the police come to the accident site?	___ Yes	___ No
Was a police report filed?	___ Yes	___ No
Were there any witnesses?	___ Yes	___ No
Were you wearing your seatbelt?	___ Yes	___ No
Was the vehicle equipped with airbags?	___ Yes	___ No
If yes, did it/they inflate?	___ Yes	___ No
Did emergency services show up at the site?	___ Yes	___ No
Were you taken to the hospital?	___ Yes	___ No

In relation to the base of your skull, where was the headrest?
___ Above ___ Below ___ At the base of the skull
What did your vehicle impact? ___ Another Vehicle ___ Other
If other, please explain: ____
Did any part of your body strike anything in the vehicle? ___ Yes ___ No
If yes, please explain: ____
Make and model of the vehicle you were occupying: ___________________________________
Name of the location/street on which you were traveling: ______________________________
In which direction were you headed? ___ N ___ S ___ E ___ W
What was the approximate speed of your vehicle? _____________________________________
Did the impact to your vehicle come from the: ___ Front___ Rear ___Right side ___ Left side ___ Other
Were you: ___ Aware of or ___ Surprised by the impact?
If accident vehicle made impact with another vehicle, what was the make and model of that other vehicle? ____
Direction the other vehicle was headed? ____ N ___ S ___ E ___ W
Speed of other vehicle? ____
In your words, please describe the accident: ____
____
____