

# AUTOMOTIVE CRASH FORM

## BILLING INFORMATION

Patient name: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time of injury \_\_\_\_\_  AM  PM

City and street where crash occurred: \_\_\_\_\_

What is the estimated damage to your vehicle? \$ \_\_\_\_\_

Yes  No Do you have automobile medical insurance coverage?

Name/address/phone \_\_\_\_\_

Yes  No What is your car insurance medical coverage limit? \$ \_\_\_\_\_

Yes  No What is the claim number? \_\_\_\_\_

Yes  No Do you know the claims adjuster's name? \_\_\_\_\_

Yes  No Have you reported this injury to your car insurance company?

Yes  No Did the police come to the accident scene and make a report?

Yes  No Is an attorney representing you? Name/address/phone: \_\_\_\_\_

## AUTO ACCIDENT DESCRIPTION

### DESCRIBE HOW THE CRASH HAPPENED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COLLISION DESCRIPTION

Check all that apply to you. Were you involved in the following type of accident:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Single-car crash | <input type="checkbox"/> Two-vehicle crash  | <input type="checkbox"/> Three or more vehicles |
| <input type="checkbox"/> Rear-end crash   | <input type="checkbox"/> Side crash         | <input type="checkbox"/> Rollover               |
| <input type="checkbox"/> Head-on crash    | <input type="checkbox"/> Hit guardrail/tree | <input type="checkbox"/> Ran off road           |

### YOU WERE THE

- |                                 |  |   |
|---------------------------------|--|---|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Front passenger | <input type="checkbox"/> Rear passenger |
|---------------------------------|--|---|

### DESCRIBE THE VEHICLE YOU WERE IN

Model year and Make: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Small car                    | <input type="checkbox"/> Mid-sized car | <input type="checkbox"/> Full-sized car          |
| <input type="checkbox"/> Pick-up truck/sports utility | <input type="checkbox"/> Large truck   | <input type="checkbox"/> Large bus or semi-truck |