

ACCIDENTAL INJURY FORM

NAME _____ DATE _____

Date of Accident _____ Time: ___am ___pm Location of Accident _____

AUTO INJURY

Were You: () Driver () Passenger () Pedestrian
Were you struck from: () Behind () Front () Right Side () Left Side () Parked
Did your car strike the others involved? () Yes () No () Undetermined
Did the other car strike yours? () Yes () No () Undetermined
As a result of the accident, were traffic citations issued to you? () Yes () No

ON-THE-JOB INJURY

How did the injury occur? _____

Did you report the injury to your foreman or employer? () Yes () No

Employer: _____

Address: _____

OTHER

Describe the circumstances of the accident (Be Specific) _____

CHECK SYMPTOMS YOU HAVE NOTIED SINCE THE ACCIDENT

- | | | | |
|------------------|----------------------------|------------------------|-------------------|
| () Headache | () Sleeping Problems | () Lights Bother Eyes | () Diarrhea |
| () Neck Pain | () Head Too Heavy | () Loss of Memory | () Feet Cold |
| () Neck Stiff | () Pins & Needles in Arms | () Ears Ringing | () Hands Cold |
| () Dizziness | () Pins & Needles in Legs | () Face Flushed | () Stomach Upset |
| () Back Pain | () Numbness in Fingers | () Buzzing in Ears | () Constipation |
| () Nervousness | () Numbness in Toes | () Loss of Balance | () Cold Sweats |
| () Tension | () Shortness of Breath | () Fainting | () Fever |
| () Irritability | () Fatigue | () Loss of Smell | () Other |
| () Chest Pain | () Depression | () Loss of Taste | |

Did you require post-accident hospitalization? () Yes () No

Have you lost any days of work? () Yes () No

If Yes, give dates: _____ through _____

INSURANCE INFORMATION

Your Insurance Company _____ Address _____

Other Party's Name _____ Address _____

Other Party's Insurance Co _____ Address _____

Have you been contacted by an insurance adjustor regarding this claim? () Yes () No

If yes, name of adjuster _____ Company _____

Do you have an attorney that has advised you in this case? () Yes () No

If yes, attorney's name _____ Address _____

Signature _____