ACCIDENT/INJURY QUESTIONNAIRE

| AUTOMOBILE ACCIDENT – ADDITIONAL | INFORMATION | | | |
|--|--|--|---|---------------------|
| | | | | |
| • Was anyone else in the vehicl | · — — | ** * - | | and page and page a |
| • You were? Front seat – Dr | | | | |
| • Name of Driver, if not self: | | | | |
| • Did airbags deploy? ☐ No ☐ | | | | |
| • Did you strike the windshield | | | | |
| • Were you knocked unconscio | | | | |
| • Where was your vehicle impa | | | | |
| • Where was the other vehicle | - | | | |
| • Your Auto Ins: | • | | | |
| o Address: | | | | |
| • Other's Auto Ins: | | | | |
| o Address: | | City: | State: | Zip: |
| | | | | |
| WORKER'S COMPENSATION INJURY – AI | | anotion. | Claire # | |
| Employer: | | | | |
| Address: Contact Person: | • | | | |
| | | | | |
| GENERAL ACCIDENT/INJURY INFORMA Date of Accident:// | Time:: AN | M / PM | | |
| | Time:: AN | M / PM | | |
| Date of Accident://_ Please describe the accident in a Before the accident/injury: | Time:: AN as much detail as possible | Л / РМ •? | | |
| Date of Accident://_ Please describe the accident in a Before the accident/injury: • Have you ever had any con | Time:: AN as much detail as possible | A / PM e? rea before? □ No □ Ye | es | |
| Date of Accident://_ Please describe the accident in a Before the accident/injury: • Have you ever had any com • If yes - Were they pres | Time:: AN as much detail as possible as much detail as possible applaints in the involved are sent at the time of the acc | A / PM b? rea before? □ No □ Yo ident/injury? □ No □ | es | |
| Date of Accident://_ Please describe the accident in a Before the accident/injury: • Have you ever had any com • If yes - Were they pres • If yes - Summarize | as much detail as possible nplaints in the involved an sent at the time of the accurate these complaints prior to | 1 / PM 2? rea before? □ No □ Yo ident/injury? □ No □ to the accident: | es Yes | |
| Date of Accident://_ Please describe the accident in a Before the accident/injury: • Have you ever had any com • If yes - Were they pres | as much detail as possible nplaints in the involved an sent at the time of the accurate these complaints prior to | 1 / PM 2? rea before? □ No □ Yo ident/injury? □ No □ to the accident: | es Yes | |
| Date of Accident://_ Please describe the accident in a Before the accident/injury: • Have you ever had any com • If yes - Were they pres • If yes - Summarize | as much detail as possible applaints in the involved an sent at the time of the accurate these complaints prior terming all of your work accurate. | 1 / PM 2? rea before? □ No □ Yo ident/injury? □ No □ to the accident: | es Yes | |
| Date of Accident://_ Please describe the accident in a Before the accident/injury: • Have you ever had any com • If yes - Were they pres • If yes - Summariz • Were you capable of perform | as much detail as possible applaints in the involved an sent at the time of the accurate these complaints prior to the rming all of your work accurate. | nea before? □ No □ Yo ident/injury? □ No □ to the accident: | es Yes on? | |
| Date of Accident:/ | Time:: AN as much detail as possible applaints in the involved an sent at the time of the acc e these complaints prior t rming all of your work ac ry: tely after the accident? | A / PM 2? | es Yes on? □ No □ Yes t day □ Next day □ |] When? |
| Date of Accident:// Please describe the accident in a Before the accident/injury: • Have you ever had any com • If yes - Were they pres • If yes - Summariz • Were you capable of performs At the time of the accident/injury • Did you feel pain immediat • Were you taken anywhere | Time:: AN as much detail as possible applaints in the involved an sent at the time of the acc e these complaints prior t rming all of your work ac ry: tely after the accident? | I / PM PM PN PN Po Po Po Po Po Po | es Yes on? |] When? |
| Date of Accident:// Please describe the accident in a Before the accident/injury: • Have you ever had any com • If yes - Were they pres • If yes - Summariz • Were you capable of perform At the time of the accident/injur • Did you feel pain immediat • Were you taken anywhere • If yes, How? | Time:: AN as much detail as possible applaints in the involved an sent at the time of the acc e these complaints prior t rming all of your work ac ry: tely after the accident? No | A / PM Prea before? No Yes No O Ito the accident: Itivities without restriction No Yes Later that dankere? | es Yes on? |] When? |
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| Date of Accident:// Please describe the accident in a Before the accident/injury: • Have you ever had any com • If yes - Were they pres • If yes - Summariz • Were you capable of perform At the time of the accident/injur • Did you feel pain immediat • Were you taken anywhere • If yes, How? • If yes, Did you receive Since the accident/injury: • Are your symptoms: □ In | as much detail as possible applaints in the involved an sent at the time of the access these complaints prior to the access these complaints prior to the accident and an access the accident? after the accident? We treatment? The accident of the accid | rea before? No Ye ident/injury? No to the accident: tivities without restriction No Yes Later that da here? S - (Describe) | es Yes on? |] When? |
| Date of Accident:/ | as much detail as possible applaints in the involved an sent at the time of the access these complaints prior to the series and all of your work access after the accident? after the accident? We treatment? No Yes treatment? Getting We stricted as a result of this | A / PM A / PM | es Yes On? No Yes t day Next day Next day V |] When? |
| Date of Accident:/ | Time: AN as much detail as possible applaints in the involved an sent at the time of the acc the these complaints prior to the trming all of your work acc ry: tely after the accident? We treatment? No Yes mproving? Getting We tricted as a result of this since this accident? In the content of the content of the content of this since this accident? In the content of the c | rea before? No Ye ident/injury? No to the accident: tivities without restriction No Yes Later that da here? S - (Describe) Vorse? The Same? accident/injury? No No Yes - (Dates?) | es Yes on? |] When? |