ACCIDENT/INJURY QUESTIONNAIRE

AUTOMOBILE ACCIDENT – ADDITIONAL I	NEODMATION			
• Was anyone else in the vehicle	• — —			cond page cord p
• You were? Front seat – Dr				
• Name of Driver, if not self:				
• Did airbags deploy? ☐ No ☐				
• Did you strike the windshield				
Were you knocked unconscious				
• Where was your vehicle impa		•		
• Where was the other vehicle i				
• Your Auto Ins:				
o Address:				
• Other's Auto Ins:				
o Address:		City:	State: _	Zip:
WORKER'S COMPENSATION INJURY - AD		mations	Claim #.	
Employer:				
Address: Contact Person:	City:			
CENEDAL ACCIDENT/INHIDY INFORMA	TION _ (PIEASE USE THE DEVED	SE SIDE OF THIS BACE IF ADDITI	ONAL SPACE IS NEEDED)	
			ONAL SPACE IS NEEDED)	
GENERAL ACCIDENT/INJURY INFORMA Date of Accident:// Please describe the accident in a	Time:: AM	I / PM		
Date of Accident://_	Time:: AM	I / PM		
Date of Accident://	Time:: AM	I / PM		
Date of Accident://_ Please describe the accident in a	Time:: AM	I / PM ?		
Date of Accident://_ Please describe the accident in a Before the accident/injury:	Time:: AM as much detail as possible	I / PM ? ea 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:: AM as much detail as possible	I / PM ? ea before? □ No □ Ye dent/injury? □ No □	es	
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Before the accident/injury: • Have you ever had any com • If yes - Were they pres • Were you capable of perfor At the time of the accident/injur • Did you feel pain immediate • Were you taken anywhere • If yes, How? • If yes, Did you receive Since the accident/injury: • Are your symptoms: In • Are your work activities res	Time:: AM as much detail as possible aplaints in the involved ar active these complaints prior to after the accident? will after the accident? Will treatment? No Yes approving? Getting W stricted as a result of this since this accident? N	ea before? No Ye dent/injury? No o the accident: tivities without restrictio No Yes Later that Yes Later that da here? forse? The Same? accident/injury? No o No Yes - (Dates?)	es Yes n?] When?