Smith Chiropractic & Sports Rehab

1487 NE Dawn Rd. Bremerton WA 98311 ph: 360-373-8899

1. What was the date of the accident?____
2. What time did the accident occur?____
3. How many vehicles were involved?____
4. What was the estimated damage to your vehicle?____
5. What state did the accident occur in?____
6. What city did the accident occur in?____
7. What street or intersection where you in/on?____
8. What direction were you traveling?____
9. What type of impact was the accident?____
10. Did your vehicle hit anything after the impact?____
11. Where in the vehicle were you sitting?____
12. Did you know the accident was coming?____
13. What type of vehicle were you in?____
14. What type of vehicle impacted yours?____
15. How fast was your vehicle moving at impact?____
16. How fast was the other vehicle moving?____
17. During and after the crash what happened to your vehicle? (circle all that apply)

    *kept going straight *kept going straight hitting a car in front of me * was hit by another car

    *spun around *Spun around and hit a stationary object *hit another object
18. Did you lose consciousness during the accident?____
19. How was your head positioned during the accident?____
20. How was your torso positioned during the accident?____
21. How were your hands positioned during the accident?____
22. Did your head hit anything during the accident?____
23. Did your face hit anything during the accident?____
24. Did your shoulders hit anything during the accident?____

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25. Did your neck hit anything during the accident?____

26. Did your chest hit anything during the accident?____

27. Did your hips hit anything during the accident?____

28. Did your knees hit anything during the accident?____

29. Did your feet hit anything during the accident?____

30. What kind of head rest was in your vehicle? *no headrest *movable fixed *non-movable fixed

31. Where on your head was the headrest positioned?____

32. Where you wearing your seatbelt?____

33. Did you slide out of your seatbelt during the accident?____

34. What was damaged in your vehicle?

    *windshield *rear bumper *mirror *steering wheel *front bumper *knee bolster

    *dashboard *trunk *back right door *seat frame *front left door *completely totaled

    *side window *front right window *rear window *back left door

35. Choose the items that were dented inward *floorboards *side door *dashboard

36. Choose the doors that would not open as a result of the accident

    *front left *front right *rear left *rear right

37. Did you go the hospital?____

38. How did you get to the hospital?____

39. Name of hospital____

40. Were you hospitalized overnight?____

41. What were you prescribed at the hospital?____

42. Where x-rays taken?____

43. Anything else about the accident that you would like to add?

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