

Was this other car damaged? Yes No Inside Outside

What make and type of car were you driving? _____ Year _____

What condition was your car in prior to the accident? _____

Do you have pictures of the involved automobile(s)? Yes No

What other type of vehicle was involved in the accident? Car Truck Motorcycle

Size and type of vehicle _____

Was a police report made? Yes No

By police of: City _____ County _____ State _____

Who was ticketed? _____ For what? _____

Did your vehicle strike anything? Yes No

Tree Bridge Hedge Embankment Other

Did you lose consciousness or black out at any time? Yes No

Did you remember the impact? Yes No

Did your vehicle go off the road? Yes No

If so, into a: Ditch Embankment How deep? _____

Does it bother you to ride in a car now ? Yes No

If so, as a; Driver Passenger

Do you have any difficulty with memory now or before the accident? Yes No

Have you had any time loss from work
due to injuries sustained in this accident? Yes No

Have you had to employ any outside help? Yes No

Housekeeping Nursing Driver Other _____