



13601 Preston Rd., Ste. W545
Dallas, TX 75240
Phone: (214) 503-9400 Fax: (214) 503-9401

Auto Accident Information

- **What type of vehicle were you driving?**

Year _____ Make _____ Model _____

- **What type of vehicle hit you or did you hit?**

Year _____ Make _____ Model _____

- **What type of accident?**

Auto Work Other

- **What was your position in the vehicle?**

Driver Front Passenger Rear Passenger Pedestrian

- **Where there any other passengers in your vehicle?**

Yes _____

No

- **Did the police respond to the accident scene?**

Yes

No

- **Was a police report made?**

Yes

No

- **Did you go to the Emergency Room or Hospital?**

Yes If yes, which one? _____

No

- **What treatment have you received for your condition?**

Medications Surgery Physical Therapy Chiropractic
 X-Rays MRI CT Scan Other

- **What was YOUR vehicles point of impact?**

Front Rear Right front Right rear
 Left front Left rear Right side Left side

- **Were you wearing your seat belt?** Yes No

- **Did your vehicles airbags deploy?** Yes No

- **Were you prepared for the impact?** Yes No

- **Do you have any military service?** Yes No