

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Loss/Onset (Accident): \_\_\_\_\_ Claim Number: \_\_\_\_\_

Describe Accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specifics of Accident (Mark each that applies to the accident):

Job or Work Related injury ( ) Yes ( ) No

Your were the [ ] Driver [ ] Passenger  
Sitting [ ] Front seat [ ] Back seat

Impending Collision [ ] Braced [ ] Not braced  
Head Did [ ] Strike Object [ ] Not strike Object  
Did you experience [ ] Shock  
[ ] Flash of Light Seen Upon Impact  
[ ] Air bag Deployed

Immediately Following the Accident

[ ] Ambulance – Paramedics Called  
[ ] Treated at Scene  
[ ] Transported to Hospital by Ambulance  
[ ] Went to Hospital on his/her Own  
[ ] Diagnostics Preformed at Hospital  
[ ] Medication Prescribed  
[ ] Treatment at Hospital  
[ ] Follow-up Recommended

Time Loss

[ ] NO time loss from work due to injury. I am currently working with No limitations.

[ ] NO time loss form work due to injury BUT I do have limitations\*.

[ ] I have experienced time loss from work due to injury. Indicate number of days, weeks, etc

\_\_\_\_\_

[ ] N/A

\*Describe Limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mechanism of Injury

Were you surprised by the impact? \_\_\_Yes \_\_\_No

In relation to the back of your head, was your headrest set: \_\_\_Low \_\_\_Middle \_\_\_High \_\_\_None

Where was your head facing at the time of impact? \_\_\_Left \_\_\_Forward \_\_\_Right \_\_\_Unknown

Were you leaning forward at the time of impact? \_\_\_Yes \_\_\_No

Were you wearing a seatbelt/harness? \_\_\_Yes \_\_\_No

Were you rendered unconscious as a result of the accident? \_\_\_Yes \_\_\_No

Did you feel pain immediately after the accident? \_\_\_Yes \_\_\_No

Year and type of vehicle were you in? \_\_\_\_\_

Size of your vehicle? \_\_\_Small \_\_\_Mid \_\_\_Large \_\_\_Unknown

Year and type of other vehicle involved in the accident? \_\_\_\_\_

Size of other vehicle? \_\_\_Small \_\_\_Mid \_\_\_Large \_\_\_Unknown

What was the approximate speed of your vehicle when the accident occurred? \_\_\_\_\_

What was the approximate speed of the other vehicle when the accident occurred? \_\_\_\_\_