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Automobile Collision Report

Name _____ Social Security Number _____

Date of collision _____ Time _____

Location of collision _____

Describe the collision _____

Where were you in the car? _____

Who else was in the car with you? _____

Were you wearing a seatbelt? _____

Did you strike the other car/object? _____ or did it strike you? _____

Where did the impact occur? Head on? _____ Rear? _____ Side? _____

Right? _____ Left? _____

Did you know the accident was about to happen? _____

Were you looking straight? _____ right? _____ left? _____

Was a traffic citation issued? _____ To whom? _____

Did you strike any objects in the car? _____ Please list them _____

List your injuries _____

Have you received any treatment? Please list each person you've seen and what they did.

List any symptoms. _____

Please list all activities that have been difficult since your injury. _____

Have you lost any days of work? _____ Dates _____

Have you contacted an insurance company? _____

Insurance company _____

Address _____

_____ Phone Number _____

Claim Number _____ Adjuster _____

Do you have an attorney? _____ Name _____

Address _____

_____ Phone Number _____

Signature _____ Date _____