

Queen Creek Chiropractic
William J. Gunderman, DC, FIAMA
3035 S. Ellsworth Rd, Ste 119, Mesa, AZ 85212
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Auto Accident Injury Narrative Form

Legal Name: _____ **Date of accident** _____

I was the: (driver) (front passenger) (rear passenger on R, L or middle) (other), please explain _____

There were (number) _____ **other occupants in the car**

(Names) 1. _____ seat position
2. _____ seat position
3. _____ seat position
4. _____ seat position

The car I was in was hit on the: (driver side) (passenger side) (in the rear R or L) (on the front R or L)

The airbags deployed: (Yes) (No) **My seatback was broken:** (Yes) (No)

I (was) (was not) wearing a (lap belt) or (shoulder harness)

The vehicle I was in was: (stopped) (moving) (accelerating) (braking) (rolled over)

The vehicle I was in (did) or (did not) strike another vehicle. It (also) struck a: (traffic light) (a curb) (a fence) (a sign) (other, please describe): _____

**The auto I was in was traveling (North) (South) (East) (West) bound on (street) _____
near cross street: _____ in City _____ state _____**

The other vehicle had damage on its: (Rt or Lt side) (in the middle) (in the rear) (on the front, Rt or Lt) (I don't know), and it was traveling: (S) (E) (W) (N) bound or (I don't know)

My body was: (facing forward) (sideways) (lying down) (facing backwards)

My head was: (facing forward) (turned to right) (turned to left) (bent to right) (bent to left)

My head or face hit the following: (the headrest) (the side window) (the steering wheel) (rear view mirror) (windshield) (dash) (stick shifter) Other: _____

The headrest was: (absent) (present) (present, but set low) (high) on the back of my seat.

My glasses were knocked off my face: (Yes) (No). **My knees (did) or (did not) hit the (dash) (door)**

I (was) or (was not) forcibly thrown around inside the vehicle.

My neck (was) or (was not) severely bent (forward) and/or (backwards) upon impact

I experienced: (a head injury) (eye injury) (broken bone) (stitches) (other) _____

The following hit the steering wheel: (knee) (leg) (chest) (arm) (other) _____

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My shoulder or _____ (write which body part struck what):_____

My or the driver's foot (was) or (was not) on the brake at time of impact; the car lurched forward I had warning before the impact: (Yes) (No). I (was) or (was not) braced at the time of the collision.

I (was) or (was not) evaluated/treated by paramedics at the scene.

I (was) or (was not) taken to (name) _____ a hospital or Dr. (by ambulance) (helicopter) and/or (by private car) driven by _____ after the accident.

At the hospital or Dr's, I was: (examined) (x-rayed) (given a prescription) (a cervical collar) (CT or MRI) (other) _____ and (released) (admitted).

The other driver was taken away by ambulance or helicopter: (Yes) (No)

The (city) _____ Police investigated the accident and filed a police report. The other driver received a citation: (Yes) (No), and/or I received a citation: (Yes) (No)

The car or (size) of car I was in was a:_____

The other car or (size) of car was a:_____

My auto had to be towed away: (Yes) (No). The other vehicle had to be towed away: (Yes) (No)

The (speed) of the other vehicle (was) or (was not) significant.

The damage to my auto was approximately \$ _____ or it was (totaled)

The damage to the other vehicle was approximately \$ _____ or it was (totaled)

Although damage to my auto was minor, the impact was very loud and felt very traumatic: (Yes) (No)

I would describe the accident as follows:_____

Since the accident, I have been experiencing the following signs and symptoms:

1. _____
2. _____
3. _____
4. _____

As a result of the accident, I've lost _____ days from work so far. I (am) or (are not) restricted at work.

The name and phone number of my auto insurance is:_____

The name, phone # and claim# of the other parties auto insurance: _____

I have an attorney: (N) (Yes), their name and phone is:_____

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Patient Signature

Patient Name (printed)

Date