AUTOMOBILE ACCIDENT

SPORTSDOCS FAMILY CHIROPRACTIC
L. Jon Porman, DC, CCSP, RTP

Name: _____ Chart #: _____ Today's Date: _____ Accident Date:_____

****Please Check All That Apply****

DESCRIBE THE VEHICLE				
Patient's vehicle type:	☐ Sports car	☐ Sedan	☐ Station wagon	☐ truck ☐ Bus
	☐ Coupe	☐ Sports-utility vehicle	☐ Pick-up truck	☐ Van
Vehicle size:	☐ Full Size	☐ Sub Compact	☐ Sub- compact	☐ Compact
	☐ Light	☐ Semi	☐ Semi	
Position in vehicle:	☐ Front mid passenger	☐ Rear mid passenger	☐ Rear right passenger	
	☐ Front right passenger	☐ Rear left passenger	☐ Driver	

DESCRIBE THE ACCIDENT				
Action of patient vehicle:	☐ Stopped for pedestrian	☐ Traveling faster than speed limit	☐ Stopped at intersection	
	☐ Stopped in traffic	☐ Traveling slower than speed limit	☐ Turning left	
	☐ Traveling speed limit	☐ Crossing intersection	☐ Turning right	
Patient's vehicle was hit:	☐ On the left front	☐ By a light truck	☐ Was rear-ended	☐ Sideswiped on the right
	☐ On the right front	☐ On the right rear	☐ Sideswiped on the left	☐ Head-on
Patient's vehicle hit:	☐ Left rear of other vehicle	☐ Rear-ended other vehicle	☐ Left front of other vehicle	
	☐ Right rear of other vehicle	☐ Side swiped other vehicle on the left	☐ Other vehicle head-on	
	☐ Right front of other vehicle	☐ Sideswiped other vehicle on the right		
Damage:	☐ Complete	☐ Extensive	☐ Moderate	☐ Minimal
Patient's vehicle was hit:	☐ By a subcompact car	☐ By a full-sized car	☐ By a pick-up truck	☐ By a semi-trailer
	☐ By a compact car	☐ By a mini-van	☐ By a light truck	☐ None of the above
	☐ By a mid-sized car	☐ By a full-sized van	☐ By a sport-utility vehicle	
Patient's vehicle hit:	☐ A subcompact car	☐ A full-sized car	☐ A pick-up truck	☐ A semi-trailer
	☐ A compact car	☐ A mini-van	☐ A light truck	☐ None of the above
	☐ A mid-sized car	☐ A full-sized van	☐ A sport-utility vehicle	
Damage to other vehicle:	☐ Complete	☐ Extensive	☐ Moderate	☐ Minimal
Weather conditions:	☐ Cloudy	☐ Foggy	☐ Snowing	☐ Sunny
	☐ Drizzling	☐ Rainy	☐ Storming	☐ Clear
Road conditions:	☐ Dry	☐ Iced over	☐ Wet	
	☐ Dry with icy patches	☐ Snowed over	☐ Damp	
Time of day:	☐ Dawn	☐ Daylight	☐ Dusk	☐ Night
Visibility:	☐ Fair	☐ Good	☐ Poor	

DESCRIBE MOMENT OF IMPACT				
Body position at impact:	☐ Slouched in seat	☐ Turned left	☐ Leaning forward	
	☐ Straight	☐ Turned right		
Body position at impact:	☐ Backward then forward	☐ To the left	☐ About the vehicle	☐ Under the vehicle
	☐ Forward then back	☐ To the right	☐ Outside the vehicle	
Head position at impact:	☐ Straight	☐ Tilted Forward	☐ Turned Left	☐ Turned right
Direction head was thrown:	☐ Back then forward	☐ Forward then back	☐ Side to side	
Type of passive restraint:	☐ Airbag	☐ Lap belt	☐ Shoulder belt	☐ Shoulder-lap belt
Did airbag deploy?:	☐ Deployed	☐ Did not deploy	☐ Side	☐ Front
Position of head rest:	☐ High position	☐ Low position	☐ Middle position	☐ not installed
Did you brace for impact?:	☐ Yes	☐ No		
Did you lose conciousness?:	☐ Yes	☐ No		
Did your body strike anything in the vehicle?:		☐ Yes	☐ No	

DESCRIBE WHAT HAPPENED AFTER IMPACT				
Did the police show up?:	☐ Yes	☐ No		
Was an accident report filed?:	☐ Yes	☐ No		
Where did you go after?:	☐ Home	☐ Work	☐ Hospital	☐ Other_____
How did you get there?:	☐ Ambulance	☐ Police	☐ Drove myself	☐ Someone else drove

I understand that the information I have provided above is current and complete to the best of my knowledge.

Signature: _____