

Oakley Chiropractic
Personal Injury Questionnaire

INFORMATION ABOUT YOU

Name _____ Date _____
Phone _____ Cell _____ Work _____
Address _____ City _____ State _____ Zip _____
Age _____ Birth date _____ Sex: () M () F S/S# _____
Email _____
Check Appropriate Box: () Minor () Single () Married () Widowed () Divorced
Employer's Name _____ Employer's Address _____

INSURANCE INFORMATION

Your Auto Ins. Co. _____ Policy # _____ Agent's Name _____
Name on Policy (if other than self) _____ Policy # _____
Claim # _____

Responsible Party's Name (Other Car) _____ License # _____
Address _____ City _____ State _____ Zip _____
Policy Holder's Name _____ Claim # _____

Where there any witnesses? Y _____ N _____ Name _____
Have you notified your insurance of this accident? Y _____ N _____

INFORMATION ABOUT YOUR ACCIDENT

1. Date of Accident _____ Time of Day _____
2. Were you: () Driver () Front seat passenger () Back seat passenger
3. Number of people in your vehicle? _____
Were you wearing your seat belts () Y () N
() Lap Belt () Shoulder belt
4. Location of the accident: _____
5. Vehicles involved in accident:
Make, Model, & Year of Your Vehicle: _____
Make, Model, & Year of Other Vehicle: _____
6. Where you struck from: () Behind () Front () Left Side () Right Side
8. Did your body strike anything in the vehicle? () Y () N If yes what? _____
7. Approximate speed of your car _____ mph Other car _____ mph
9. Were the police notified? () Yes () No
10. In your own words, please describe the accident:

11. Have you had an estimate of damage to the vehicle? _____

