AUTO ACCIDENT DESCRIPTION

Please answer the questions below. If you do not know the answer to any of the questions, do not answer that question.

1. YOUR VEHICLE TYPE

○ Car ○ Van ○ SUV
○ Pickup Truck ○ Bus
○ Large Truck
Other _____

2. YOUR POSITION IN VEHICLE

○ Driver ○ Front Passenger
○ Rear Passenger ○ L ○ R
Other _____

3. WHAT WAS YOUR VEHICLE DOING AT THE TIME OF COLLISION?

○ Stopped at intersection ○ Stopped in traffic ○ Stopped at light
○ Making a right turn ○ Making a left turn ○ Parking
○ Proceeding along ○ Slowing down ○ Accelerating
Other _____

4. TIME/SPEED

Time of collision _____
Your Vehicle's
Speed: _____MPH
Their Vehicle's
Speed: _____MPH

5. DETAILS OF COLLISION

Visibility at time of collision
○ Good ○ Fair ○ Poor
Who hit who/what?
○ You hit other vehicle
○ Other vehicle hit you
You hit….(Object)
_____

6. ROAD CONDITIONS

Road conditions at time of collision
○ Icy ○ Wet ○ Sandy ○ Dark ○ Clean and Dry

Point of impact
○ Head-On ○ Left Front ○ Right Front
○ Rear-End ○ Left Rear ○ Right Rear
Multiple Points of impact _____

7. BODY POSITION, etc.

Did you see the collision coming? **Yes** ○ **No** ○
Were you braced for the impact? **Yes** ○ **No** ○
Did you have a seat belt on? **Yes** ○ **No** ○
Did you have a shoulder harness on? **Yes** ○ **No** ○

Does your vehicle have headrest? ○ **Yes** ○ **No**
What was the position of your headrest at the time of the impact?
Top of head Bottom of head Middle of neck
What was the direction of your head at time of collision?

Did Airbags Deploy ○ **Yes** ○ **No** **Which ones?** ○ **Driver Side** ○ **Passenger Side** ○ **Side Airbags**
Did glass shatter? ○ **Yes** ○ **No**

8. DURING THE COLLISION

Did your body strike the inside of your vehicle? ○ **Yes** ○ **No** **If yes, describe** _____
_____
Did you lose consciousness during the injury? ○ **Yes** ○ **No** **if yes, for how long** _____
Your vehicle's estimated damage? $_____
Damage to your vehicle: ○ **Mild** ○ **Moderate** ○ **Totaled**
Did police show up at the scene? ○ **Yes** ○ **No** **Was an collision report filled out?** ○ **Yes** ○ **No**

9. AFTER THE COLLISION

Check off your symptoms right after and a few days following collision

○ Headache	○ Dizziness	○ Mid back pain	○ Cold hands	○ Confusion	○ Nervousness
○ Neck pain	○ Nausea	○ Low back pain	○ Cold feet	○ Diarrhea	○ Depression
○ Neck stiffness	○ Fainting	○ Loss of taste	○ Ringing in ears	○ Tension	○ Toe Numbness
○ Anxious	○ Irritability	○ Loss of Smell	○ Constipation	○ Chest pain	○ Pain behind the eyes
○ Shortness of breath	○ Sleeping problems	○ Numbness in hands			

Other _____

10. EMERGENCY ROOM/ TREATMENT HISTORY

Where did you go after the collision?
○ Home ○ Work ○ Hospital ER ○ Private Doctor

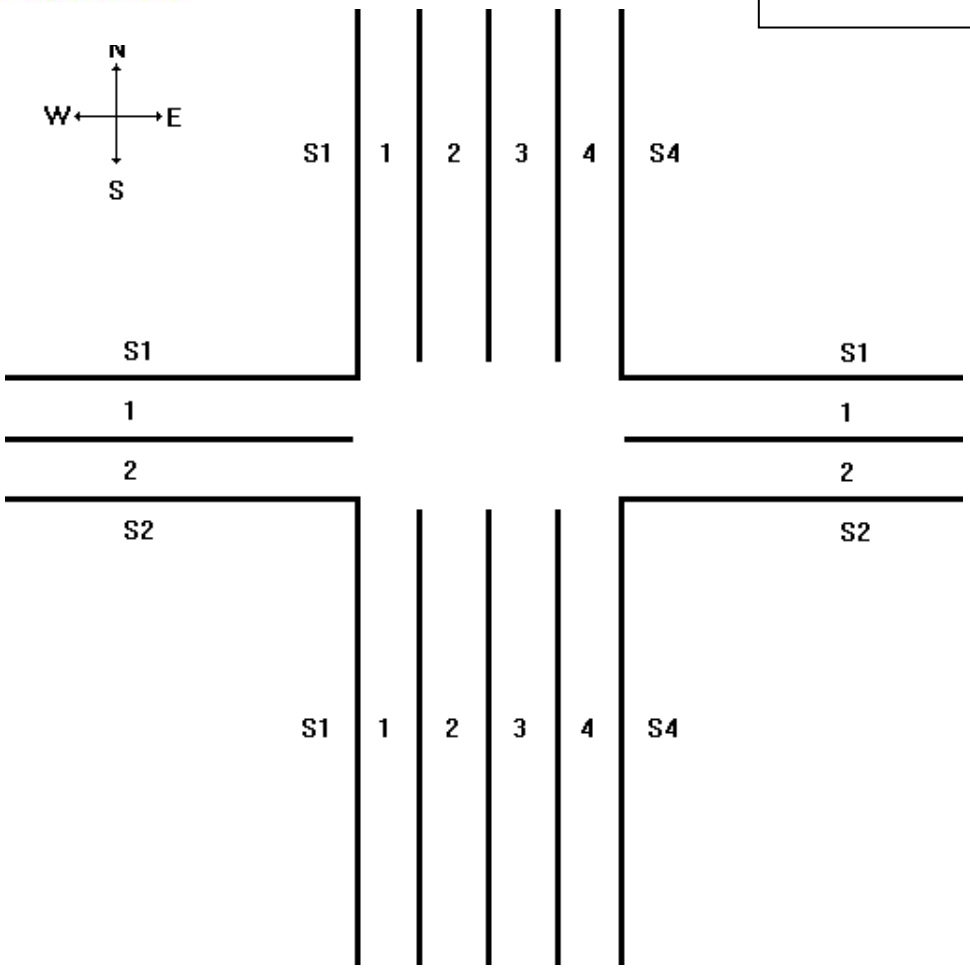
How did you get there?
○ Drove self ○ Somebody else ○ Ambulance ○ Police

Were X-rays done? ○ **Yes** ○ **No**
Body parts X-rayed? _____
X-rays revealed? _____

Was lab work done? ○ **Yes** ○ **No**
What lab work done? _____

Treatments: ○ Cervical Collar ○ Ice Other: _____ Medications: _____
Follow-up Instructions: _____
1. Dr. _____, MD, DO, DC First visit date: _____/_____/_____ Specialty: _____
Types of treatments received: _____ How many? _____ Currently treating? ○Yes ○No
2. Dr. _____, MD, DO, DC First visit date: _____/_____/_____ Specialty: _____
Types of treatments received: _____ How many? _____ Currently treating? ○Yes ○No

Give diagram of collision.



Please give a full and complete description of the accident and how you felt immediately after the accident.

30827 Hoover Rd, Warren, Michigan 48093 - Main: 586-751-8984/ Fax: 586-751-5221

NOTICE OF LIEN

Patient: _____ Date: _____
File: _____

Dear Law Offices of: _____

_____

_____

I hereby authorize the above clinic, via its chiropractor or other medical personnel, to provide you, my attorney, with a complete report of my evaluation, diagnosis, treatment, prognosis, etc., in regard to the injuries sustained in the accident in which I was involved.

I hereby irrevocably authorize and direct you, my attorney, to pay direct to said clinic such sums as may be due and owing them for professional services rendered to me to withhold such sums from any settlement, judgment, or verdict as may be necessary to protect said clinic. I hereby further give lien on my case to said clinic against any and/or all proceeds of any settlement, judgment, or verdict which may be paid to you, my attorney, or me as the result of the injuries for which I have been treated.

I understand that I am fully responsible to Kay Chiropractic Clinic, said clinic, for all bills submitted by them for services rendered and that this agreement is made solely for said clinic's additional protection. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee.

Patient's Signature _____ Date _____

Notary _____
Exp: _____ Date: _____

I undersigned, being attorney of record for the above patient, does hereby agree to observe all terms of the above and agrees to withhold sums from any settlement, judgment, or verdict as may be necessary to adequately protect the said clinic named above.

Attorney's Signature _____ Date _____

Notary _____
Exp: _____ Date: _____

Note: Not one piece of information is released unless this document is returned to Kay Chiropractic