



Corsetino Chiropractic
3501 Montlimar Plaza Drive
Mobile, AL 36609

Motor Vehicle Accident Form

Please complete backside

Name _____

Date of accident _____ Time of accident _____

Location/street on which you were traveling _____

Make and Model of vehicle _____

Were you the: Driver Front Passenger Rear Passenger

Was the vehicle equipped with airbags? Yes No

Did the airbags inflate? Yes No

Were you wearing a seatbelt? Yes No

Impact to vehicle came from the: Front Rear Right Side Left Side Other

In relation to the base of your skull, the headrest was: Above Below Base

Direction of your vehicle: North South East West

Direction of other vehicle: North South East West

Direction you were facing upon impact: North South East West

Did any part of your body strike anything in the vehicle? Yes No

-If so, Explain: _____

Were you rendered unconscious? Yes No **if so, how long?** _____

Speed of your vehicle _____ **mph** **Speed of other vehicle** _____ **mph**

Regarding the impact, you were: Surprised Aware Other, _____

Your vehicle impacted: Another Vehicle Other, _____

Number of people in the accident vehicle _____

Were the police called to the accident scene? Yes No **Was a police report filed?** Yes No

Have you seen *any* doctor or gone to a hospital/medical facility since the accident? Yes No

When? Immediately Next Day Other (specify) _____

Name of hospital/Attending Dr. _____

The doctor was a: D.D.S M.D D.C D.O

How did you get there? Ambulance Private Transportation

Was medicine prescribed? Yes No **X-rays taken?** Yes No



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Have you been able to work since injury? Yes No

Are your work activities restricted? Yes No

In your own words please describe the accident:

Please describe how you felt immediately after the accident:
