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Auto Accident Report Form		Keep In Your Glove Box
When an accident occurs:		
First Steps	Do Not Say	While Still At The Scene
<ul style="list-style-type: none"> • Remain calm • Get to a safe place • Check for injuries • Administer First Aid • Call police/EMT 	<ul style="list-style-type: none"> • It's all my fault, (even if it is) • My insurance will pay for everything • It's OK, I have full coverage 	<ul style="list-style-type: none"> • Get as much information as possible on this report • Take pictures • When the police come, cooperate and tell them what you know

Accident Details

Day/Date/Time AM/PM	
Weather/Road Conditions	
Location of Accident	
Accident Details Sketch the Accident Scene	

Damage Descriptions

Your Vehicle:
Towing Company Name: _____ Phone # _____

Other Driver/Vehicle Information

Owner's Name:	
Owner's Address	
Owner's Phone	
Vehicle Make, Model, Year & Color	
License Plate Number:	
Insurance Company:	
Agent's Name & Phone Number:	
Other Driver's Name:	
Other Driver's Address:	
Other Driver's Phone Number:	

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Witness Information

Name:	Name:
Address:	Address:
Telephone No.	Telephone No.

Police Information:

Officer's Name & Badge No.

Department & Phone No.	
Other Information	

Passengers/Injuries:

Your Vehicle – No. of Passengers	Other Vehicle – No. of Passengers:

Symptom Check List (Post-Accident) – Same or Worse Since Accident

Symptom	Driver		Passenger #1		Passenger #2	
	Same	Worse	Same	Worse	Same	Worse
“Black-outs” or Seizures						
Absence Moments						
Blurred Vision						
Bothered by Light						
Bothered by Noise						
Coordination/Clumsy						
Dizziness						
Fatigue						
Forgetful						
Headaches						
Insomnia						
Irritability						
Loss of Temper Easily						
Memory Difficulty						
Neck/Back Pains						
Nervousness						
Ringing in Ears						
Slurring Words						
Taste/Smell Changes						
Tingling/Numbness in Hands, Arms, Legs, Toes						
Trouble Concentrating						
Wide Mood Swings						

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