



Buchanan Chiropractic Clinic P.C.
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Auto Accident Form

Patient Name _____

Today's Date ____/____/____

Patient Vehicle Type: Bus Sports Car Coupe Sedan SUV

Station Wagon Pick Up Truck Truck Van Motorcycle Car

Patient Vehicle Size: Compact Full-size Light Mid-Size Mini Semi

Patient was located: Driver Passenger- middle front Passenger- right front

Passenger- left rear Passenger- middle rear Passenger -right rear

Date of Accident ____/____/____

Action of the Patient Vehicle:

Crossing an intersection Stopped at an intersection Stopped for pedestrian

Traveling at posted speed limit Traveling faster than posted speed limit

Traveling slower than posted speed limit Left turn Right Turn

Moving Slowly Coming to a stop Stopped in traffic

How was the vehicle hit:

Head on Left front Right front Left rear Right rear Rear ended

T-Boned Sideswiped left Sideswiped right

Amount of damage to the vehicle:

Complete Significant Extensive Minimal Moderate

Extensive damage but not declared totaled yet

Describe other vehicle: Bus Sports Car Coupe Sedan SUV

Station Wagon Pick Up Truck Truck Van Motorcycle Car

Damage to other vehicle:

Complete Significant Extensive Minimal Moderate

Extensive damage but not declared totaled yet

Weather:

Clear Cloudy Drizzling Foggy Rainy Snowing Storming

Sunny

Road: Damp Dry Dry with icy patches Iced over Snowed over Wet

Time of Day: Dawn Day Dusk Night

Visibility: Fair Good Poor

Describe the moment of impact:

Body Position at Impact:

Leaning forward Slouched down in the seat Straight Turned left

Turned right

