

AUTO / WORK RELATED ACCIDENT

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ABOUT YOU

Today's Date: ___ / ___ / ___ File #: _____

Name: _____

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WORK RELATED ACCIDENT

Date & Time of Accident: _____ a.m. p.m.

Was your accident directly related to your work? Yes No

Briefly describe the events that occurred just before and during your accident: _____

Give the address where accident occurred: (if other than employer's address) _____

Was anyone else present during your accident? Yes No

Did you report your accident to your employer? Yes No

What recommendations did your employer make just after your accident? _____

Has this type of accident happened to you before? Yes No

To the best of your knowledge, has this accident occurred in your workplace before? Yes No
In general:

Is your job physically stressful? Yes No

Is your job mentally stressful? Yes No

Is your workplace noisy? Yes No

Have you changed jobs in the last year? Yes No

AUTO RELATED ACCIDENT

Date & Time of Accident: _____ a.m. p.m.

Were you the: Driver Front Passenger Rear Passenger

If a traffic violation was issued, to whom was it issued?

Number of people in accident vehicle? _____

Did the police come to the accident site? Yes No

Was a police report filed? Yes No

Were there any witnesses? Yes No

Were you wearing your seat belt? Yes No

Was this vehicle equipped with airbags? Yes No

If yes, did it/they inflate? Yes No

In relation to the base of your skull, where was the headrest? Above Below At base of skull

What did your vehicle impact? Another vehicle Other

If other, explain: _____

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

If yes, please describe: _____

Make & model of the vehicle you were occupying?

Name of the location/street on which you were traveling?

In which direction were you headed? N S E W

What was the approx. speed of your vehicle? _____

Did the impact to your vehicle come from the:

Front Rear Right Side Left Side Other

During impact, were you facing: Right Left Forward

Were you aware or surprised by the impact?

If accident vehicle made impact with another vehicle...

Make and model of that other vehicle? _____

Direction other vehicle was headed? N S E W

Speed of the other vehicle? _____

In your words, please describe the accident: _____

