

# Vehicle Accident Form



Provided as a courtesy by:

New Heights Integrative Therapy, Inc.  
503-236-3108

Accident Date: \_\_\_\_\_ Accident Time: \_\_\_\_\_ A.M./P.M.

Accident Location: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

**OTHER DRIVER** Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**OWNER OF CAR**  
(if different from driver) Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER CAR INFORMATION** License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Make/Model/ Year of Car: \_\_\_\_\_

**INSURANCE COVERAGE FOR OTHER CAR** Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PASSENGERS IN OTHER CAR** Passengers #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Passengers #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Passengers #3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**WITNESSES** Witness #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Witness #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Witness #3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**POLICE DEPART. THAT RESPONDED** Dept: \_\_\_\_\_ Officer's Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

**WHERE YOUR CAR WAS TOWED** Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_

•What did the other driver(s) say about how the accident happened?

•Did the other Driver appear to have been drinking? \_\_\_\_\_ •Speed of your car just before accident: \_\_\_\_\_  
•Describe the damage to the other car(s):

•Describe road, traffic, and weather conditions:

•Direction of your and other cars in accident:

•Were cars turning? Which ones? Turn signals on?

\* If more than one car was involved, collect the same information for each of the other drivers, owners and cars. This form is not a legal document. Please use as a reference only.

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## BEFORE MOVING ANY VEHICLES INVOLVED IN THE ACCIDENT

### Try to record:

- Position of your vehicle and any other vehicles
- Location of tire marks, vehicle parts, glass, and any other debris caused by the accident
- Location of point of impact
- If you have a camera, take pictures of the site of the collision, and the vehicles involved.

### \*Things to do after you get home\*

1. Call your insurance company to report the accident and make a claim.

Person you talked to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Claim number \_\_\_\_\_.

2. If you think you may have been hurt, call a physician (medical, osteopathic, chiropractic, or naturopathic) as soon as possible. If you are injured, you will need to receive prompt treatment and have your injuries documented.

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Appointment date and time \_\_\_\_\_

Have the physician refer you to New Heights Integrative Therapy at 503-236-3108 for physical therapy. New Heights will coordinate your care with your physician.

3. Consult with a personal injury lawyer if you believe you have been injured. It's advisable to check with a lawyer before you give any written or recorded statements to any parties.
4. Check with the tow company to make sure your car is still there and let them know you are working on getting it out.
5. Call your employer and let them know you have been in an accident.
6. Keep a log of events regarding your physical and mental condition.
7. Take photos of any visible injuries you sustained.

### Important Tips

1. Keep this form and a pen in your car.
2. Keep a disposable camera with a flash in your car so that if you are in an accident, you can accurately document it.
3. Even minor accidents can cause injuries that become troublesome later on. We always advise you to see a physician as soon as possible.
4. Whether you see a physician or not, call New Heights (503-236-3108) to find out how physical therapy can help you minimize the effects of any possible injuries.

\*Note: Some states may want you to move your car to the shoulder if you have a "fender bender"