Bowman Chiropractic

3868 East Robinson Road
Amherst, NY 14228
(716) 564-2225

7312 Niagara Falls Blvd
Niagara Falls, NY 14304
(716) 236-7176

Fax 888-484-2163
bowmanchiro@gmail.com

Automobile Accident Questionnaire

Name: _____ Date of Accident: _____ Approximate time: _____ Location (city) _____

Your Auto Insurance Company: _____ Policy # _____

Agent's Name _____ Phone: _____ Claim # _____

Have you retained an attorney? YES ☐ NO ☐, who? _____

Was the driver of either vehicle under the influence of alcohol? YES NO

Name of the other vehicle driver _____ Insurance of other vehicle _____

Were there any witnesses? YES ☐ NO ☐ Names _____

Nature of Accident: Please be Specific

Were you in the front seat: ☐ or back ☐ Number of people in your vehicle _____

Numbers of people in the other vehicle _____ Were any others injured? YES ☐ NO ☐

If yes, please explain

_____

What direction were you headed? North ☐ South ☐ East ☐ West ☐

Name of the street you were on _____

Make and model of the vehicle you were in _____

Your approximate speed at the time of the accident _____ Make and model of the other vehicle _____

Were you struck from Behind ☐ Front ☐ Left Side ☐ Right Side ☐

Please describe in detail how the accident happened

_____

Were you knocked unconscious? YES ☐ NO ☐ If yes, how long? _____

Were the police notified? YES ☐ NO ☐ Were you able to get out of the vehicle by yourself? YES ☐ NO ☐

For this condition, were you taken to the hospital? YES ☐ NO ☐

If yes, please give the name and address of the hospital _____

Were you admitted? YES ☐ NO ☐ If yes, name of physician _____

Name all tests and X-rays performed and where since this accident:

_____

Please list all doctors treating you for this condition:

_____

Are you presently working? YES ☐ NO ☐ Have you lost time from work? YES ☐ NO ☐

Please list the last date you have worked _____

Signature_____ Date _____