

Your Insurance Information

Car Insurance Co: _____

Agent: _____

Agent's Phone#: _____

Policy#: _____

In the event of an emergency please contact:

Accident Details

Date of Accident: _____

Time AM/PM: _____

Weather Conditions: _____

Road Conditions: _____

Location of Accident: _____

Additional Notes

Check any symptoms you have in the days and weeks following the accident:

- | | |
|--|--|
| <input type="checkbox"/> Ache all over | <input type="checkbox"/> Muscle swelling |
| <input type="checkbox"/> Black outs | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Cold hands/feet | <input type="checkbox"/> Neuritis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Numbness in limbs |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Painful back |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Painful joints |
| <input type="checkbox"/> Double vision | <input type="checkbox"/> Poor memory |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Rapid heart beat |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Ringing in ears |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Stiff or painful neck |
| <input type="checkbox"/> Loss of hearing | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Loss of neck motion | <input type="checkbox"/> Tension |
| <input type="checkbox"/> Mental dullness | <input type="checkbox"/> Tingling in limbs |
| <input type="checkbox"/> Muscle spasms | <input type="checkbox"/> Tremors |

In almost 40% of automobile accidents, pain does not show up for two to three days... sometimes longer! If you have any questions or concerns, please call the AIMS Clinic.
(732) 254-5553

Compliments of...

Alternative Integrated Medical Services

150-A Tices Lane, East Brunswick, NJ 08816
(732) 254-5553 · www.aimsclinic.com

Auto Accident Report Form

*We hope you will never have to use this...
Please place this in your glove compartment, as soon as possible!*



If an Accident occurs:

- Remain calm
- Get to a safe place
- Check for injuries
- Administer First Aid
- Call Police/EMT

Then, while still at the Scene of the Accident:

- Complete this form
- Take pictures

Other Vehicle Information

Owner's Name: _____
Owner's Address: _____

Owner's Phone: _____
Vehicle Make: _____
Vehicle Model & Year: _____
Vehicle Registration#: _____

Vehicle Color: _____
License Plate#: _____
Driver's Name: _____
Driver's Address: _____

Driver's Phone: _____
Relationship to Owner: _____
Driver's License#: _____
License State: _____
Insurance Co: _____
Policy#: _____
Agent Name & Phone: _____

Passenger Name/Address/Tel#: _____

Passenger Name/Address/Tel#: _____

Police Information

Officer's Name: _____
Case#: _____
Tel#: _____
Badge#: _____

Witness Information

Name/Address/Tel: _____

Name/Address/Tel: _____

Property Damage

Property: _____
Owner: _____
Tel#: _____
Address: _____
Nature of Damage: _____

Injured Person(s)

Name: _____
Age: _____ Tel#: _____
Address: _____
Type of Injury: _____

Name: _____
Age: _____ Tel#: _____
Address: _____
Type of Injury: _____

Description of Accident

Road type (grade, curve): _____
Your speed prior to accident: _____
Direction of your car: _____
Direction of other car: _____
Anyone turning? _____
Did the other driver signal? _____
Traffic conditions (light, stop sign): _____
Position of your car after accident: _____
Position of other car after accident: _____

Sketch the Accident Scene

