

## ACCIDENT DETAILS

Please complete this form and bring it with you to your appointment. Please note the form provides information required to prepare your report.

**Title** (Mr/ Mrs/Miss/Ms/Other):

**Full Name:**

**Date of Birth:**

**Age:**

**Right Handed**  **Left Handed**

**Date of Accident:**

**Present Occupation:**

1) **ROAD TRAFFIC ACCIDENTS** (Please see over for other types of accidents)

- a) Where were you sitting in the vehicle? (Driver/front seat passenger/rear seat)
- b) What was the make and model of the vehicle you were in?
- c) Where did the accident happen? – name/road number, direction of travel, nearest town:
- d) What other vehicle(s) were involved (make and model)
- e) Give brief details of how the accident happened:

f) Were you wearing a seatbelt? Yes  No

g) Did the seat have a head restraint? Yes  No

h) Did the vehicle have airbags fitted? Yes  No

i) Did any airbags activate? Yes  No

2) **MOTORCYCLISTS/CYCLISTS**

a) Were you wearing a crash helmet? Yes  No

b) Were you wearing any protective clothing? Yes  No   
If yes, please give details:

### 3) ACCIDENTS AT WORK

- a) Name and address of your employer at the time of the accident.
- b) Where did the accident happen? E.g. employers premises/elsewhere.
- c) Was this your usual place of work? Yes  No
- d) At the time were you doing your usual job? Yes  No
- e) Was any machinery involved in your accident? Yes  No   
If yes, please give details:
- f) Give a brief description of how the accident happened:

### 4) OTHER TYPES OF ACCIDENTS (trips/slips etc.)

- a) Please give a brief description of how the accident happened:

### 5) ABOUT YOUR INJURIES

- a) Were you aware of your injuries straight away, or did your problems start later?
- b) Please list your injuries starting with the most severe. Please indicate where appropriate whether left or right sided.

### 6) HOSPITAL TREATMENT

- a) Did you go to hospital because of your injuries? Yes  No   
If yes, which hospital(s) did you attend?
- b) How did you get to hospital (e.g ambulance, car, taxi)
- c) Were any X-Rays taken? Yes  No

d) If yes, which parts of your body were X-Rayed?

e) Were you admitted to hospital as an in-patient? Yes  No

f) If yes, how long were you in hospital?

g) Did you attend any out-patient clinics? Yes  No

h) If yes, which clinics did you attend?

## 7) G.P. TREATMENT

a) Did you go to see your G.P. about your injuries? Yes  No   
If yes, please give dates:

b) Did you have any physiotherapy/osteopathy/chiropractic treatment for your injuries?  
Yes  No   
If yes, where did you go for treatment?

And how long did the course of treatment last?

## 8) PROGRESS OF YOUR INJURIES

a) For each injury, please state how long symptoms were at their worst and then how long symptoms took to settle.

| INJURY | SYMPTOMS AT WORST | SYMPTOMS SETTLED |
|--------|-------------------|------------------|
|        |                   |                  |
|        |                   |                  |
|        |                   |                  |
|        |                   |                  |

b) If symptoms have not settled, please state what difficulties you still have:

c) Did you use any medication for your injuries? Yes  No   
If yes, please give the name of the medication and state how long you used it.

## 9) MEDICAL HISTORY

a) Are you usually in good health? Yes  No   
Please list any other medical conditions you have e.g. arthritis, asthma, diabetes, heart conditions:

b) Have you **ever** had any other injuries or conditions which affected those parts of your body which were injured in this accident? Yes  No   
If yes, please give details:

c) Have you **ever** had a previous road traffic accident, workplace accident, or trip/slip accident? Yes  No   
If yes, please give details:

d) Have you had **any** further accidents or injuries since the accident which is the subject of this claim? Yes  No   
If yes, please give details:

## 10) WORK/STUDIES

a) What was your job at the time of the accident?

b) Did you have time off work/studies because of your injuries: Yes  No   
If yes, how long?

c) When did you return to work/studies?  
Did you return: Full time  Part time   
Normal duties  Light duties

d) After return did you need any time off for treatment, e.g. physiotherapy, out-patients?  
If yes, please give details:

f) Did you have any problems because of your injuries when you went back?  
Yes  No

If yes, please specify:

e) Does your job require any special degree of fitness?

f) What is your job now?

g) Did you lose/change your job because of being injured?

h) If you are unemployed are you fit to work now? Yes  No

**11) DRIVING**

- a) Did your job involve driving at the time of the accident?  
Yes  No

If yes, please give details of the type of vehicle and how many miles (per week/month/year) you drive:

- b) Please give details of any difficulties you have had with driving/motorcycling/cycling since your accident:

**12) SOCIAL AND DOMESTIC PROBLEMS BECAUSE OF INJURIES**

- a) Did you have any problems with washing/dressing?  
Yes  No

If so, for how long?

- b) Did you have problems with any domestic chores e.g. cooking, shopping, hoovering?  
Yes  No

If yes, which chores and for how long:

- c) Did you have any difficulties with gardening/DIY? Yes  No   
If yes, which tasks and for how long:

- d) Did you miss any trips, holidays or important social events as a result of the accident?  
Yes  No

If yes, please specify:

**13) SPORTS/LEISURE ACTIVITIES**

- a) Do you take part in any sports or leisure activities that were affected by your injuries?  
Yes  No

If yes, please give details of the activities and state how long you were unable to participate:

**14) OTHER PROBLEMS**

Did you have any other problems that you feel were related to your accident:

Signed .....

Date .....