Adjustin Chiropractic
Auto Accident Mechanism of Injury Form

Name: _____ Date: _____

Date of Accident: _____ State of Accident: _____

Please describe, in detail, how the accident happened:

_____

_____

_____

_____

Insurance Information

Was the accident your fault? Y N

If yes, did you have full coverage on that vehicle? Y N

YOUR Auto Insurance Company _____

Policy # _____ Claim # _____

Agent's Name _____ Phone # _____

If the accident was NOT your fault and another insurance company will be responsible, please complete:

Name of Insured _____

Insurance Company _____

Policy # _____ Claim # _____

Agent's Name _____ Phone # _____

Do you have an Attorney? Y N

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____