AUTO ACCIDENT INFORMATION

[Keep This Card Inside Your Vehicle in the Event of a Collision]

OTHER DRIVER I	OTHER DRIVER INFO	
Driver's Name:		
Driver's License #:	State:	
Home Tel#: ()		
Work Tel#: ()		
Cell Tel#: ()		
<u>Is driver the owner of this vehicle:</u> Ye Owner's Name:		
Owner's Name: Owner's driver license #:	State:	
Home Tel#: ()		
Work Tel#: ()		
Cell Tel#: ()		
OTHER VEHICLE	INFO	
License Plate #:		
Car Make: Model:		
Car Insurance Company:		
Insurance Tel #: ()		
Policy #:		
AUTO ACCIDENT	INFO	
Date:Tir	200	
	ne:am/pm	
Location/Intersection:	ne:am/pm	
Location/Intersection: Weather/Road Conditions:		
Location/Intersection:		
Location/Intersection: Weather/Road Conditions:		
Location/Intersection: Weather/Road Conditions: Police/Officer badge #:		
Location/Intersection:		
Location/Intersection: Weather/Road Conditions: Police/Officer badge #: City/State Police dept.: Diagram:		
Location/Intersection: Weather/Road Conditions: Police/Officer badge #: City/State Police dept.: Diagram:		
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Location/Intersection: Weather/Road Conditions: Police/Officer badge #: City/State Police dept.: Diagram: Details:		
Location/Intersection: Weather/Road Conditions: Police/Officer badge #: City/State Police dept.: Diagram:		
Location/Intersection: Weather/Road Conditions: Police/Officer badge #: City/State Police dept.: Diagram: Details: WITNESSES IN Name:		
Location/Intersection: Weather/Road Conditions: Police/Officer badge #: City/State Police dept.: Diagram: Details: WITNESSES IN Name: Tel. #: ()		
Location/Intersection: Weather/Road Conditions: Police/Officer badge #: City/State Police dept.: Diagram: Details: WITNESSES IN Name:		
Location/Intersection: Weather/Road Conditions: Police/Officer badge #: City/State Police dept.: Diagram: Details: WITNESSES IN Name: Tel. #: () Address: Name:		
Location/Intersection: Weather/Road Conditions: Police/Officer badge #: City/State Police dept.: Diagram: WITNESSES IN Name: Tel. #: () Address: Name:		

STEP 1 - Go to nearest hospital if serious injuries are suspected.

STEP 2 - Follow-up with your Family Doctor & Doctor of Chiropractic.

Scientific research has proven that:

- Many auto accident victims do not experience severe injuries the day of the crash.
- Whiplash injuries can occur even in 5 mph collisions or collisions with little or no damage to vehicles.
- Even if you have no symptoms, you could have injuries that can affect your muscles, tendons, ligaments, joints, bones, discs, & nerves.
- Many symptoms and injuries are delayed.
- Within hours to days, one may experience pain, numbness, tingling, headaches, neck and back pain, arm & leg pain and more....

Check ALL symptoms you have noticed sin	
the accident:	
☐ head pain	☐ jaw/TMJ pain
□ numbness-toes	☐ difficulty sleeping
□ neck pain	☐ chest pain
□ restless	☐ stomach upsets
☐ mid back pain	☐ abdominal pain
☐ tension	\square vomiting
☐ low back pain	☐ muscle spasms
☐ irritability	☐ bruising
☐ shoulder pain	□ dizziness
☐ fatigue	\square loss of balance
☐ elbow pain	depression
☐ fainting	□ constipation
☐ wrist pain	☐ pins/needles –arms
\square cold sweats	☐ anxiety
☐ hip pain	☐ pins/needles -legs
\square loss of memory	☐ fever
☐ knee pain	☐ numbness-fingers
\square ringing in the ears	☐ diarrhea
☐ ankle pain	headaches
☐ blurred vision	
☐ foot pain	☐ eye pain
☐ difficulty swallowing	□ coughing
,	

☐ OTHER SYMPTOMS:__

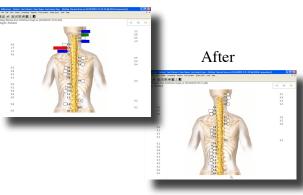
If you checked off one or more boxes above, you may be experiencing internal "hidden" injuries.

DO NOT DELAY YOUR TREATMENT.

Bring this card in to us today to determine these "hidden" injuries.

We will perform a Digital Spinal Scan at no cost to you and tell you if we can help you.

Before



Auto Liability Insurance & Medical Payment may pay for chiropractic exam and treatment. Let us point you in the right direction! Call us for a free consultation and free digital spinal scan today.

Courtesy of:

UPTOWN WELLNESS CENTER 7354 Painter Ave., Whittier, CA 90602 (562) 789-1999

www.autoaccidentpain.com



For informational purposes only, not intended as legal advice.