# Accident Diagram

To the best of your ability, draw on the diagram below to depict how the accident occurred. (Please include street names.)

Indicate

#### **Seek Out Care**

#### Your Health Comes First!

• Prompt and thorough evaluation are essential.

 Go to an ER or urgent care for evaluation, Set up an appt at Peak Family Chiropractic at (719) 475-8877 for:

Neck or back pain
Whiplash sympton
Nuscle tension
Limited mobility

# Weather (Circle all that apply)

**Snow** 

Sunny Cloudy Drizzle Rain Dark Dawn Sleet Road (Circle all that apply)

Dry Wet Snow Ice Gravel Dirt

# **Neck and Back Damage**

Is among the most common type of injury sustained during automobile accidents. Chiropractic care focuses on rebalancing the musculoskeletal system and realigning the spine so that the body can heal itself.

Call & set up appt @ (719) 475-8877

# COLLISON GUIDE

Keep in Your Glove Box





PeakFamilyChiropractic.com 719.475.8877



# Stay Calm, Don't Apologize

Take a moment, determine if you have pain in any part of your body.

Do not immediately apologize, anything you say can be docume ited.



## Contact Police

Dial 911, Request the authorities at the scene. If you think you're injured as king an ambulance



### Take Note

- All Sides of the Vehicle
- Close-up of Damage
- License Plates of Vehicle
- Entire Scene
- People Involved (including passengers and witnesses)





### **Find Witnesses**

Witnesses can be very important if the specifics of the accident are disputed.

#### Witnesses

Name, Phone #

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# ⚠ Gather Information

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## Of ier \ f niclf

Make & Model.

Color:

Vin:

License Plate #:

Owner Name

Address:

#### Driver's Info

Name:

License # & State:

Cell#:

Insurance Company:

Policy #:

Ins. Co. #:



# **Police Information**

## Officer Info

Name:

Phone #:

Report #:

Badge #

Department:



## **Accident Details**

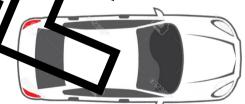
# Location

City/State:

Street/Intenstion

Other De dils:

Your Vehicle



#### **Other Vehicle**

