# MOTORCYCLE ACCIDENT

## PATIENT INFORMATION

Patient Name:______________________________________________________________
Address: ________________________________ City _____________________ Zip __________
Home Telephone: ___________________________ Work Telephone: ________________________
Date of Birth: _____________________________ Social Security No: _____________________
Date of injury:______________________ Time of injury ____________________ ☐ AM ☐ PM
City where crash occurred: _________________________________________________________
Street (location) where crash occurred: ______________________________________________
What is the estimated damage to your motorcycle? $_______________________________________
Name of company/person giving damage estimate:__________________________________________
☐ Yes, ☐ No Did the police come to the accident scene and make a report?
☐ Yes, ☐ No Were you cited by the police? If yes, name of officer: ____________________________
☐ Yes, ☐ No Is an attorney currently representing you? Name/address/phone: _____________________

## DESCRIBE HOW THE MOTORCYCLE CRASH HAPPENED:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

### ACCIDENT DESCRIPTION

Check all that apply to you. Were you involved in the following type of accident:

| | | |
|---|---|---|
| ☐ Single-motorcycle crash | ☐ Two-motorcycles in crash | ☐ Three-or-more vehicles |
| ☐ Motorcycle-to-car crash | ☐ Lost control | ☐ Rollover |
| ☐ Motorcycle-to-truck crash | ☐ Hit guardrail/tree/object | ☐ Ran off road |

### YOU WERE THE:

☐ Driver ☐ Rear passenger

### OTHER PERSON ON MOTORCYCLE:

☐ Yes ☐ No Was there another person riding on the motorcycle? If yes, Name:

### DESCRIBE THE MOTORCYCLE YOU WERE ON:

Model Year and Make:

### HELMET USE

☐ Yes ☐ No Were you wearing a motorcycle helmet at the time of the accident?
☐ Yes ☐ No If yes, did your helmet break or crack?
☐ Yes ☐ No If you were wearing a helmet was it a full faced helmet? (Includes chin and face)

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## DESCRIBE THE OTHER VEHICLE/OBJECT THAT YOUR MOTORCYCLE HIT:

| | | |
|---|---|---|
| ☐ Small car | ☐ Mid-sized car | ☐ Full-sized car |
| ☐ Pick-up truck/Sports utility vehicle | ☐ Large truck | ☐ Large bus or Semi-truck |
| ☐ Motorcycle | ☐ Pedestrian | ☐ Other |

## ESTIMATED CRASH SPEEDS:

| | | |
|---|---|---|
| Estimate how fast your motorcycle was moving at time of crash. | _______ mph | ☐ Unknown |
| Estimate how fast the other vehicle was moving at time of crash. | _______ mph | ☐ Unknown |

## AT THE TIME OF IMPACT YOUR MOTORCYCLE WAS:

| | |
|---|---|
| ☐ Slowing down | ☐ Gaining speed |
| ☐ Stopped | ☐ Moving at steady speed |

## AT THE TIME OF IMPACT THE OTHER VEHICLE WAS:

| | |
|---|---|
| ☐ Slowing down | ☐ Gaining Speed |
| ☐ Stopped | ☐ Moving at steady speed |

## DURING AND AFTER THE CRASH, YOUR MOTORCYCLE:

| | | | |
|---|---|---|---|
| ☐ | Kept going straight, not hitting anything | ☐ | Spun around, not hitting anything |
| ☐ | Kept going straight, hitting car in front | ☐ | Spun around, hitting another car |
| ☐ | Was hit by second or third vehicle | ☐ | Spun around, hitting object other than car |
| ☐ | Flipped end-over-end | ☐ | Other |

## INDICATE IF YOUR BODY HIT SOMETHING OR WAS HIT BY ANY OF THE FOLLOWING: 

Please draw lines and match the left side to the right side.

| | |
|---|---|
| Head | Front Windshield |
| Face | Side window |
| Shoulder | Side door or side of car |
| Arm/hand | Front grill of vehicle |
| Front chest wall | Hood of car |
| Side chest wall | Pavement/Street Surface |
| Hip/abdomen | Frame of car near windows |
| Knee | Roof of other vehicle |
| Leg | Another occupant/animal |
| Foot | Other |

## CHECK IF ANY OF THE FOLLOWING PARTS BROKE, BENT, OR WERE DAMAGED ON YOUR MOTORCYCLE

| | | |
|---|---|---|
| ☐ Front wheel | ☐ Seat frame | ☐ Faring |
| ☐ Handle bars | ☐ Motor | ☐ Other |
| ☐ Front shocks | ☐ Rear wheel | ☐ Other |

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