



Accident Information

Motor Vehicle Accident

Date of Accident: _____

Please describe the accident: _____

What kind of car (car, bus, SUV) were you in? _____

What did you come in contact with (bus, car, tree, animal etc)? _____

Were you the driver or a passenger? _____

Where were you when the accident occurred ? (highway, driveway, back road etc.) _____

Labor & Industries (Work Related)

Date of Injury: _____ Employer: _____

Please describe the accident: _____

Where were you when the accident occurred? _____
