

MOTOR VEHICLE ACCIDENT FORM 車禍事故表格

Full Name 姓名: \_\_\_\_\_ Today's Date 今日日期: \_\_\_/\_\_\_/\_\_\_

Date of Accident 車禍日期: \_\_\_/\_\_\_/\_\_\_ Time of Accident 車禍時間: \_\_\_\_\_

Location of Accident 車禍地點: \_\_\_\_\_

Please describe how the accident occurred: 請描述車禍如何發生: \_\_\_\_\_

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Position of Cars 汽車的位置

Before Impact 撞擊前

After Impact 撞擊後

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Description of Damage 描述損壞的情況: \_\_\_\_\_

Degree of Damage/Estimate (\$) 損壞程度/估計 (\$): \_\_\_\_\_

HISTORY OF OCCURRENCE 發生歷史

1. I was the: 我是: Pedestrian 行人 Driver 司機 Passenger – Center Front 中前座乘客  
Passenger – Right Front 右前座乘客 Passenger – Left Rear 左後座乘客  
Passenger – Center Rear 中後座乘客 Passenger – Right Rear 右後座乘客

2. What was your point of impact 碰撞位置在哪裏? Head-on 迎面 Rear-End 車尾 Left Front 左前  
Left Rear 左後 Right Front 右前 Right Rear 右後

3. Did you feel pain immediately following the accident 車禍有沒有立刻感覺疼痛? Yes 有 No 沒有

If you answer no, how long after the accident was it before the pain started?

30min-1hr 1-4hours 4-12 hours 12-24 hours \_\_Days

若你回答沒有, 那麼車禍後多久才開始有疼痛?

30 分鐘至 1 小時 1-4 小時 4-12 小時 12-24 小時 \_\_日

4. List any doctors you've seen prior to this first visit to our office, their specialty, and any treatments received:  
到本診所之前, 你看過那些醫生? 他們的專長和任何治療:

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5. Road/Weather Conditions: 路面/天氣情況: Dry 乾的 Icy 滑溜的 Wet 濕的 Clear 晴朗的  
Foggy 朦朧的 Dark 漆黑的 Other 其他 \_\_\_\_\_

6. Were you aware the accident was going to occur? 你知道車禍將要發生嗎? Yes 是 No 否

7. Were you wearing a seatbelt? 你有否扣上安全? Yes 有 No 沒有

8. Did your airbag deploy? 你車上的安全氣袋有沒有彈出來? Yes 有 No 沒有

9. Did police arrive at the scene? 警察有沒有到達現場? Yes 有 No 沒有

10. Was a police report filed? 有沒有警方報告? Yes 有 No 沒有

### PERSONAL INJURY 個人損傷

1. Did you go to the Emergency Room or Urgent Care? 你有沒有去急症室或緊急護理? Yes 有 No 沒有

2. How were you transported to the Emergency Room or Hospital? 你是怎樣被送到急症室或醫院的?

Ambulance 救護車 Private Transportation 私家交通工具 Other: 其他: \_\_\_\_\_

3. Were you hospitalized 你何時住院? Yes 有 No 沒有

If yes, from Date 日期 \_\_\_\_/\_\_\_\_/\_\_\_\_ to 至 \_\_\_\_/\_\_\_\_/\_\_\_\_

4. What did the hospital or Doctor recommend? 醫院或醫生有什麼建議?

See Family Doctor 看家庭醫生 See Acupuncturist 看針灸醫生 See Neurologist 看神經科醫生

See Orthopedist 看骨科醫生 Over Counter Medication 不用處方藥物

Prescription Medication 處方藥物 Other: 其他: \_\_\_\_\_

5. Did you have any X-rays, CT Scans or MRI's taken? 你有沒有做 X 光, CT 電腦掃描或磁力共振掃描?

Yes 有 No 沒有 If yes, what areas 若有, 那個部位? \_\_\_\_\_

6. How would you describe your current symptoms (check all apply): 請描述你目前的症狀?

(選擇所有適用): Pain 痛 Numbness 麻木 Stiffness 僵硬 Weakness 虛弱

7. Describe the quality of your symptoms (check all apply): 請描述你的症狀的性質 (選擇所有適用)

Burning Pain 灼熱痛 Diffuse 擴散痛 Dull/Aching 鈍痛 Localized 局部痛

Radiating 放射痛 Sharp 尖銳痛 Stabbing 刺痛 Throbbing 抽痛

Tightness 拉緊痛 Tingling 刺痛 Other: 其他: \_\_\_\_\_

8. Were you involved in any other motor vehicle accident in the past 3 years? 過去三年內有沒有其他車禍史?

Yes 有 No 沒有 If yes, please explain 若有, 請註明 \_\_\_\_\_

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