

AUTOMOBILE ACCIDENT CHECKLIST

(for your glove compartment)



VITAL INFORMATION TO GATHER WHEN INVOLVED IN AN AUTOMOBILE ACCIDENT

1. NAME, ADDRESS AND PHONE NUMBER OF ALL DRIVERS INVOLVED
2. NAME OF INSURANCE COMPANY, POLICY NUMBER AND PHONE NUMBER OF DRIVERS INVOLVED
3. TAKE PICTURES OF DAMAGE TO VEHICLES
4. GET CASE NUMBER IF POLICE ARE INVOLVED
5. NOTIFY YOUR INSURANCE COMPANY OF ACCIDENT
6. CALL **DR GORGAS- 760-433-4000**
7. CHECK FOR WHIPLASH SYMPTOMS (see reverse)

OTHER DRIVER INFORMATION

LICENSE PLATE	TIME/DATE	LICENSE NUMBER
DRIVER'S NAME	PHONE	
ADDRESS		
INSURANCE COMPANY	POLICY NUMBER	
WITNESS NAME AND NUMBER		

DR GORGAS HAS OVER 35 YEARS EXPERIENCE HELPING THOUSANDS OF PATIENTS INVOLVED IN CAR ACCIDENTS.

NO MEDICAL REFERRAL OR INSURANCE ADJUSTER AUTHORIZATION NECESSARY!

COMMON SIGNS OF WHIPLASH

“REMEMBER WHIPLASH SYMPTOMS MAY BE DELAYED”

- | | |
|---|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Difficulty Swallowing |
| <input type="checkbox"/> Neck Pain or Stiffness | <input type="checkbox"/> Shoulder or Arm Pain |
| <input type="checkbox"/> Tingling or Numbness | <input type="checkbox"/> Wrist Pain or Numbness |
| <input type="checkbox"/> Grinding Sounds in Neck | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Swelling or Bruising |
| <input type="checkbox"/> Soreness or Tenderness | <input type="checkbox"/> Ribcage/Chest Soreness |
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Changes in Vision |
| <input type="checkbox"/> Sciatica (Leg Pain) | <input type="checkbox"/> Sore between Shoulders |
| <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Tightness or Spasm |
| <input type="checkbox"/> Jaw Trouble | <input type="checkbox"/> Light Headedness |

BACK PAIN NECK PAIN AND HEADACHE RELIEF CENTER

760-433-4000

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