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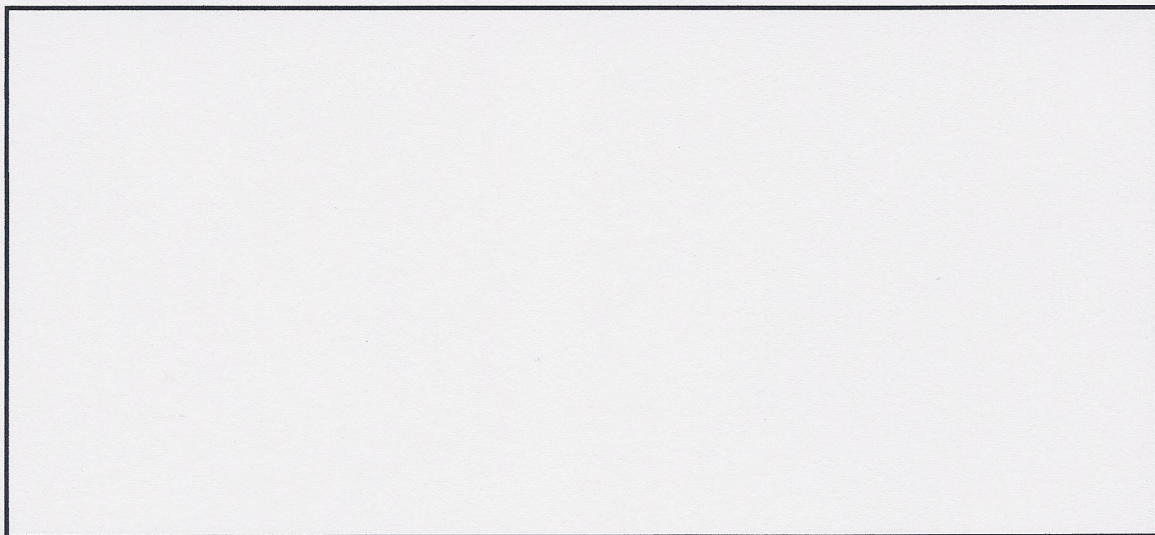
Motor Vehicle Accident (MVA) Form

When was the MVA? _____ What were the road conditions? _____

Has the insurance company decided who is at fault and if so whom? _____

How did the MVA occur?

Please show below in a diagram the scene of the accident:



Was your seatbelt on? _____ Did the airbag deploy? _____

What was the approximate speed of your vehicle? _____ Theirs? _____

How many people were injured in the MVA? _____

Was anyone taken to the hospital and if so whom? _____

Where any x-rays, MRI's, ultrasounds, etc. taken? _____

Was there any immediate pain noticed and if so where? _____

Who is your primary care physician for the MVA? _____

What treatments have you received thus far? _____

Are you taking any medication for the MVA and if so what? _____