

Accident Journal

Your accident journal is another means of **evidence collection**. Write how you remember it, as soon as possible, so you will not lose important details.

How to Use the Accident Journal



Write at least once a day, whether the pain has progressed or subsided.

Some symptoms may appear later so you need to monitor your injury.



Maintain accuracy.

Be brief yet detailed in your entries, as this may be used as evidence in court.



Print as many copies as you need.

Organize your journal forms in a binder or a folder.



Keep the log pages where you will remember to fill them out.

For other concerns regarding this journal, please consult with your lawyer.

Accident Overview

Name: _____

Date of the accident: _____ **Time:** _____

Location of the accident: _____

Weather condition: _____

Witness 1: _____

Witness 2: _____

Phone number: _____

Phone number: _____

Email: _____

Email: _____

Narrative of the incident (*How did it happen?*):

Your Name and signature

Medical Appointments

Date: _____ **Time:** _____ **Health facility:** _____

Diagnosis: _____

Treatments received: _____

Medications needed: _____

Attending physician: _____ **Total expenses Incurred:** _____

Additional notes: _____

Date: _____ **Time:** _____ **Health facility:** _____

Diagnosis: _____

Treatments received: _____

Medications needed: _____

Attending physician: _____ **Total Expenses Incurred:** _____

Additional notes: _____

Your Name and signature: _____

Daily Post-accident Pain Journal

Overview of pain and symptoms resulting from your accident

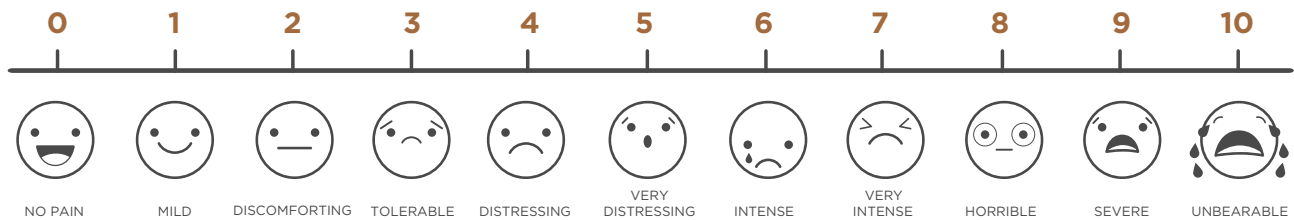
Date: _____ Time: _____

Name: _____

Description of pain/symptoms: _____

PAIN INTENSITY SCALE

To assess the severity of your pain, please encircle the number that applies to you



Pain frequency: Once Recurring Permanent

Pain triggers: _____

Effect/s on daily activities: _____

Pain Management: Needed a checkup Needed therapy/rehabilitation Took medication

Medication side effects: _____

Important notes/additional information: _____

Your Name and signature: _____