

PERSONAL INJURY/AUTO ACCIDENT QUESTIONNAIRE

TODAY'S DATE: _____

[PLEASE WRITE IN BLOCK LETTERS]

PERSONAL INFORMATION

Name: _____

Address: _____

Telephone Number:(home) _____

Telephone Number:(cell) _____

Email: _____

Age: _____ D.O.B: _____ T.R.N: _____

EMPLOYER: _____

Address: _____

Telephone Number:(work) _____

Occupation: _____ Worked there how long: _____

Immediate Supervisor: _____

NEXT OF KIN:(name) _____

Address: _____

Telephone Number:(home) _____

Telephone Number:(cell) _____

Occupation: _____

Age: _____ D.O.B: _____

CHILDREN

Name(s)/Age(s): _____

How many children are living with you now? _____

IMPORTANT: How can we contact you at all times? (*Relative/Friend who can always locate you*)

Name: _____

Relationship: _____

Address: _____

Telephone Number: _____

ACCIDENT INFORMATION

Prior similar injuries, treated medical conditions and/or symptoms to same area or current injury (Dates/Drs.): _____

Prior Claims and/or settlements (types, dates, attorneys): _____

Accident Date: _____ Day of the Week: _____

Time: _____ AM/PM

Location:(be specific) _____

Where were you coming from? _____

Where were you going? _____

DETAILS OF ACCIDENT

Weather condition (if happened outside): _____

Any construction in area: _____

DESCRIPTION OF ACCIDENT:(BE SPECIFIC-PROVIDE AS MUCH DETAIL AS POSSIBLE): _____

Were you driving a company vehicle: _____

What was the make, model and year of the vehicle you were driving: _____

What was the make, model and year of the other vehicle: _____

Was anyone, including yourself, taking any medication or using drugs? Describe: _____

Had anyone, including yourself, been drinking? Describe: _____

Did anyone make a statement at the scene? Describe: _____

IMPORTANT (PROVIDE COPIES OF ALL PHOTOGRAPHS IN YOUR POSSESSION)

Were photographs taken of the scene? By whom: _____

Were photographs taken of the vehicles? By whom: _____

Were photographs taken of your injuries? By whom: _____

INSURANCE COVERAGE FOR PLAINTIFF:

(Please provide a copy of your "Declarations of Coverage")

Name of Carrier (Name of Insurance): _____

Carrier's Address (Insurance Location): _____

Policy Number: _____

IMPORTANT:

Has anyone from an insurance company contacted you about this claim? _____

Name and phone of person who contacted you: _____

Did you give a statement to anyone? To whom: _____

INSURANCE COVERAGE FOR DEFENDANT:

Name of Carrier: _____

Carrier's Address: _____

Policy Number: _____

MEDICAL INFORMATION:

Were you in this accident: _____ Describe: _____

Did you go to the hospital? If so, name of hospital: _____

Name of Doctor: _____

Admitted or Out Patient: _____

X-Rays taken? _____ Were you taken by ambulance: _____

Physical therapy: _____

When did you last see the doctor: _____

Total of Medical Bills: _____

****ATTACH SEPARATE SHEETS, IF NECESSARY****

PRESCRIPTIONS: BRING IN ALL RECEIPTS, BILLS, PRESCRIPTION BOTTLES, ETC.

NAME AND ADDRESS OF ALL PARTIES INVOLVED, INCLUDING AUTO PASSENGERS: _____

WITNESSES:

NAME & ADDRESS: _____

Telephone Number: _____

Relationship: _____

What did each see: _____

Would they be willing to testify in court: _____

NAME & ADDRESS: _____

Telephone Number: _____

Relationship: _____

What did each see: _____

Would they be willing to testify in court: _____

DAMAGES:

How do you feel you have been damage emotionally by these injuries: _____

How have your injuries changed your lifestyle: _____

Describe any pain and suffering that you've experienced: _____

Loss of consortium (relationship with spouse, children, others): _____

Job Duties: _____

Have you had to hire domestic help: _____

How do you feel you have been damaged financially by these injuries: _____

PROPERTY DAMAGE

Where was the damage to your vehicle: _____

Was your vehicle repaired: _____ where were the repairs performed: _____

What was the monetary amount of the damage to your vehicle: \$_____

IMPORTANT: Please provide any repair receipts or damage estimates

Is there anything else that you would like to discuss or that you believe we should know about you or your case: _____
