

PERSONAL INJURY/AUTO ACCIDENT QUESTIONNAIRE

TODAY'S DATE: _____

PERSONAL INFORMATION:

NAME: _____

Address: _____

Telephone Number: (home) _____

Telephone Number: (cell) _____

Age: _____ Date of Birth: _____ Social Security No: _____

EMPLOYER: _____

Address: _____

Telephone Number: (work) _____

Occupation: _____ Worked there how long? _____

Immediate Supervisor: _____

SPOUSE'S NAME: _____

Address: _____

Telephone Number: (home) _____

Spouse's Employer: _____

Employer's Address: _____

Telephone Number: (work) _____ Occupation: _____

Age: _____ Date of Birth: _____ Social Security No: _____

CHILDREN:

Name(s)/Age(s): _____

How many children are living with you now? _____

IMPORTANT: How can we contact you at all times? (Relative or friend who can always locate you):

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

EDUCATION:

High School/G.E.D.: _____ Year of Graduation: _____

Technical School: _____

College/University: _____ Years & Degree: _____

EMPLOYMENT HISTORY:

Employer: _____ Position: _____

Duties: _____

Employer: _____ Position: _____

Duties: _____

Employer: _____ Position: _____

Duties: _____

Employer: _____ Position: _____

Duties: _____

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 INFORMATION:

Accident Date: _____ Date of 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 the 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? _____

Who made such a statement, if any? _____

What was said? _____

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: _____

Carrier's Address: _____

Policy Number: _____

Liability Limits: _____

Medical Payment Limits: _____

Uninsured Motorist Coverage Limits: _____

Are you covered under your employer's insurance? _____

If so, provide company and agent, if known: _____

Policy or plan 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? _____

Did you receive a copy? _____

Have you signed any authorizations to release information to anyone? _____

If so, identify: _____

Have you signed any releases? _____

If so, for whom? _____

INSURANCE COVERAGE FOR DEFENDANT:

Name of Carrier: _____

Carrier's Address: _____

Policy Number: _____

Agent's Name, Address and Phone No.: _____

MEDICAL INFORMATION:

Were you injured in this accident? _____ Describe: _____

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

Admitted or Out Patient? _____

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

Are you under a doctor's care now? If so, name of doctor? _____

LIST ALL DOCTORS, CHIROPRACTORS, HOSPITALS, ETC. YOU HAVE SEEN FOR THIS ACCIDENT:

1. Name: _____ Phone: _____
Address: _____

Telephone Number: _____
When did you last see the doctor? _____
When will you see the doctor again? _____
Physical therapy? _____
Total of Medical Bills: _____
2. Name: _____ Phone: _____
Address: _____

Telephone Number: _____
When did you last see the doctor? _____
When will you see the doctor again? _____
Physical therapy? _____
Total of Medical Bills: _____
3. Name: _____ Phone: _____
Address: _____

Telephone Number: _____
When did you last see the doctor? _____
When will you see the doctor again? _____
Physical therapy? _____
Total of Medical Bills: _____

4. Name: _____ Phone: _____
Address: _____

Telephone Number: _____
When did you last see the doctor? _____
When will you see the doctor again? _____
Physical therapy? _____
Total of Medical Bills: _____

5. Name: _____ Phone: _____
Address: _____

Telephone Number: _____
When did you last see the doctor? _____
When will you see the doctor again? _____
Physical therapy? _____
Total of Medical Bills: _____

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

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

Name, address and phone of pharmacy where prescriptions filled? _____

Was anyone else injured? _____

Who was injured? _____

Describe Injury: _____

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

WITNESSES:

1. NAME & ADDRESS: _____

Telephone Number: (____) _____

Relationship (fellow employees, supervisors, bystanders, etc.):

What did each see? _____

Would they be willing to testify in court to what he/she saw? _____

2. NAME & ADDRESS : _____

Telephone Number: (____) _____

Relationship (fellow employees, supervisors, bystanders, etc.):

What did each see? _____

Would they be willing to testify in court to what he/she saw? _____

3. NAME & ADDRESS: _____

Telephone Number: (____) _____

Relationship (fellow employees, supervisors, bystanders, etc.):

What did each see? _____

Would they be willing to testify in court to what he/she saw? _____

DAMAGES:

How have your injuries changed your lifestyle:

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

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

Sports: _____

Social Activities: _____

Job Duties: _____

Household Chores: _____

Have you had to hire domestic help? _____

How do you feel you have been damaged emotionally by these injuries? _____

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

How were you referred to this office? _____

If an individual referred you, provide their name, address and telephone so we can thank them:

If you found us via the Internet, which search engine or directory did you use? (Google, Yahoo, Yahoo Yellow Pages, AOL Yellow Pages, FindLaw, etc.):

What search terms did you use to locate our website? _____

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

PLEASE DIAGRAM HOW THE ACCIDENT OCCURRED (diagram lanes, locations of vehicles, etc):