

Is client filing a property damage claim: Yes No

If yes, against which company:

Date of Incident:

Day:

Time:

Seatbelt: Yes No Airbag deployed: Yes No Wipers: Yes No Lights: Yes No

Location:

Town/city:

Name of Officer and Agency that responded if any:

Citations Issued: Yes No

If Yes, to Who and Why:

Describe Damage to car:

Estimate to Repair Vehicle: \$

Repaired: Yes No Estimate: Yes No Broken glass: Yes No

Car towed: Yes No Photos: Yes No

What happened (in as much detail as possible):

Name/address/telephone of Occupants in Client's Vehicle:

Name/address/telephone of Witnesses:

Defendant's Information

Name\address of Driver:

Name\address of Owner:

Vehicle:Year: Make: Model:

Color: Registration:

Insurer and Policy No.:

Does Defendant own the car: Yes No Not Sure Rental Company:

Does Defendant live in a household with a family member who owned and insured a car on the date of accident: Yes No

Damage to car: Repaired: Yes No

Estimate: Yes No Broken glass: Yes No Car towed: Yes No

Photos: Yes No

Medical Information

Ambulance on scene: Yes No What company?:

At the time of the accident, was there any blood: Yes No

What parts of client's body are injured:

When did client first go to hospital:

What hospital:

How did s/he get there:

What was done: examination: x-rays: other:

Other doctors visited, the addresses and dates:

Medical payments (physicians, medications, health care providers, special equipment,

etc.):

Lost wages:

Time out:

Other loss:

How pain & injury limits activities:

Other symptoms: (irritability, nausea, headache, stress, inability to move body parts, insomnia, etc.):

Physical condition prior to accident:

Prior physical problems:

Family physician/health care provider (name, address, telephone number):

Additional Information

Is client on: Medicare Medicaid Worker's Compensation Social Security
 Disability Insurance Health Insurance

Please note, these agencies place liens on your file which may make your case more difficult to settle and which will have to be repaid.

Previous claims/lawsuits/auto-accidents/injuries/worker's comp claims: Yes No

If yes, explain:

Draw diagram of accident: