

## **AUTOMOBILE AND PERSONAL INJURY INFORMATION**

Name: \_\_\_\_\_ Sex: *M F* Birth Date: \_\_\_\_\_ Social Sec. \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License: \_\_\_\_\_

### **General Information:**

Date of accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Did the police respond? *Y N* Was there a police report made? *Y N*

Where were you taken after the accident? \_\_\_\_\_

Were you hospitalized? *Y N* Have you seen any other health care provider for this condition? *Y N*

What treatment have you received? \_\_\_\_\_

Are you taking @ medication? *Y N* Can you perform your regular duties? *Y N*

Have you lost any time from work? *Y N* Which dates? \_\_\_\_\_

Describe the Accident in your own words: \_\_\_\_\_

Where did you feel pain? \_\_\_\_\_

When did this pain begin? \_\_\_\_\_

Describe the pain: \_\_\_\_\_

### **Automobile Accident Information:**

Did you hit part of your body during the? *Y N*

If yes which part and how? \_\_\_\_\_

Did you have on a: Seat Belt Seat Belt with Harness No restraint Did an air bag release? *Y N*

Was it your vehicle? *Y N* Were you driving? *Y N* Were you rotated in your seat? *Y N*

Were you a passenger? *Y N* Front Back Right side Left side

Did your vehicle strike another: Vehicle Object What? \_\_\_\_\_

### **Attorney Information:**

Will this case be litigated? *Y N Maybe*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### **Insurance Information:**

Name of Insurance Company: \_\_\_\_\_ Claim No. \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Agent \_\_\_\_\_