

## PERSONAL INJURY INTAKE SHEET

DATE \_\_\_\_\_ TIME \_\_\_\_\_ ATTORNEY \_\_\_\_\_ SOURCE \_\_\_\_\_

### CLIENT INFORMATION

DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ A.M. / P.M.

(CIRCLE ONE): DRIVER PASSENGER PEDESTRIAN OTHER

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ D/L # \_\_\_\_\_ Gender \_\_\_\_

IS AN INTERPRETER NEEDED? YES / NO LANGUAGE \_\_\_\_\_

Passenger 1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Passenger 2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

### INJURY INFORMATION

INJURIES \_\_\_\_\_

DID YOU REQUIRE EMERGENCY TREATMENT? YES / NO AMBULANCE? YES / NO

NAME AND ADDRESS OF HOSPITAL \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS \_\_\_\_\_

### CLIENT'S INSURANCE INFORMATION

LIABILITY INSURANCE? Y / N

U-COVERAGE? Y / N

PIP COVERAGE? Y / N

INSURANCE COMPANY \_\_\_\_\_ Phone: \_\_\_\_\_

POLICY # \_\_\_\_\_ PERIOD ENDING \_\_\_\_\_

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DID YOU REPORT THE ACCIDENT TO YOUR INSURANCE COMPANY? YES / NO

If so, is there an adjuster/claim #: \_\_\_\_\_

### OTHER DRIVER'S INFORMATION

DRIVER \_\_\_\_\_ RES. PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DRIVER'S LIC # \_\_\_\_\_

INSURANCE CO \_\_\_\_\_ ADJUSTER \_\_\_\_\_

PHONE # \_\_\_\_\_ CLAIM # \_\_\_\_\_

OWNER \_\_\_\_\_ RES. PHONE # \_\_\_\_\_

YEAR AND MAKE OF CAR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

### ACCIDENT INFORMATION

LOCATION OF ACCIDENT \_\_\_\_\_

CLIENT: STREET \_\_\_\_\_ DIRECTION \_\_\_\_\_ LANE \_\_\_\_\_

OTHER DRIVER: STREET \_\_\_\_\_ DIRECTION \_\_\_\_\_ LANE \_\_\_\_\_

INVESTIGATING AGENCY \_\_\_\_\_ REPORT MADE? YES / NO

Police Report #: \_\_\_\_\_

TRAFFIC TICKETS/ARRESTS MADE? \_\_\_\_\_

WITNESSES \_\_\_\_\_

DESCRIBE THE ACCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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