

Are you currently married? Yes No If yes, name of spouse _____

Have you been in an accident before? Yes No

Are there any other pending legal actions? Yes No

Do you currently have an attorney? Yes No If yes, their name is: _____

Are you currently in a bankruptcy? Yes No Since when? _____

If yes, which attorney is handling your bankruptcy? _____

Under doctor's orders, have you missed any time from work as a result of this accident? Yes No

Accident Information

Date of Accident: _____ County or City Where Accident Occurred: _____

Was a police report done? Yes No If yes, do you have a copy of your police report? Yes No

If no, do you have the police report case number? Yes No The case number is _____

If you have a copy of the police report, please forward it with the return of your documents.

Name of Your Vehicle's Driver: _____ Was the driver the owner of the vehicle? Yes No

If not, who is the owner of the vehicle? _____

Passengers: Yes No If yes, how many? _____ Names: _____

Insurance Information

Other Vehicle/Driver:

Do you have the claim number for other person's insurance company? Yes No

Which insurance company is the others person's vehicle insured with? _____

Claim No.: _____

Adjuster's Name: _____

Adjuster's Phone Number: _____

Have you already given the other person's insurance company a recorded statement? Yes No

Your Vehicle/Driver:

Do you have insurance? Yes No Liability Full Coverage

Which insurance company is the vehicle insured with? _____

Do you have the claim number for your insurance? Yes No

Claim No.: _____

Adjuster's Name: _____

Adjuster's Phone Number: _____

Have you already given your insurance company a recorded statement? Yes No

Your Vehicle's Information

Vehicle Info. (year, make, & model): _____

Was your vehicle a rental car? Y N

If yes, then with whom (name, phone, and address (optional))?

Vehicle Property Damage: Y N Appraised: Y N

If appraised, by whom: _____

Totaled: Y N Amount: \$ _____

Where is the car located now? _____

Medical Treatment Information

Did you go to the hospital from the scene? Y N If yes, where? _____

 If yes, did the hospital take x-rays? Y N

Did an ambulance escort you? Yes No If yes, which ambulance service? _____

Have you been to any other doctors? Y N If yes, please list them as follows:

Name of Facility

Name of Doctor

Address and Phone

Phone: _____

Address: _____

Phone: _____

Address: _____