

AUTOMOBILE ACCIDENT QUESTIONNAIRE

Name: _____

Today's Date: ___/___/___

ACCIDENT DETAILS:

Date of Accident: ___/___/___ Time of Day: _____ AM PM Location of Accident: _____

City or town in which accident took place: _____ State: _____

Were you a Driver Passenger Pedestrian Name of Driver (if not you): _____

Were you struck from Behind Right Side Left Side Front

Were you looking straight ahead, to the left, or to the right? Straight Ahead To the Left To the Right

Was your vehicle stopped to make a turn stopped for a traffic signal parked moving at the time of impact

Other: _____

Did your body strike anything in the car? YES NO Describe in detail: _____

Were you wearing a seat belt? YES NO

Describe in detail how the accident occurred: _____

Were you rendered unconscious as a result of the collision? YES NO

Were you taken to the hospital after the accident? YES NO By ambulance or private car? _____

Were you taken to the hospital *immediately* after the accident? YES NO

If not, how much time had elapsed before you went to the hospital? _____

Which hospital were you taken to? _____

Have you been x-rayed since the accident? YES NO If so, where? _____

Have you received an MRI since the accident? YES NO If so, where? _____

Have you lost any days of work as a result of the accident? YES NO If yes, how many days have you lost? _____

Have you ever been in a previous auto accident? Describe all instances, giving approximate dates of the accidents, as well as the injuries sustained, and names of attorneys who represented you.

Date of Accident: ___/___/___ Injuries sustained: _____

Name of Attorney in That Case: _____ Were you a Medicare Patient at the Time? YES NO

Approximate Year / Date When Case Settled or Was Resolved: _____

Date of Accident: ___/___/___ Injuries sustained: _____

Name of Attorney in That Case: _____ Were you a Medicare Patient at the Time? YES NO

Approximate Year / Date When Case Settled or Was Resolved: _____

OTHER AUTO INFORMATION:

Did a police officer write up a police report on the accident? YES NO

Do you have a copy of the police report? YES NO (if yes, please provide our office with a copy of this report)

Was a ticket or citation issued by a police officer as a result of the accident? YES NO

Who received the ticket or citation? _____

Do you have any information, including insurance information, concerning the other parties involved in the accident? YES NO

(If yes, please provide our office with a copy of this information)

Did the accident involve a *hit-and-run* driver? YES NO

Are you, yourself, licensed to drive? YES NO (please provide our office with a copy of your license)

Was the car in which you were at the time of the accident registered? YES NO (please provide a copy of the registration)

Other: _____

Were you in your own vehicle or someone else's at the time of the accident? Check one.

My own vehicle my spouse's my parent's a friend's other

If you were in someone else's vehicle, answer the following:

Name of Owner: _____

Address of Owner: _____

Do you reside with a family member who owns their own vehicle or is insured under some other auto policy? – Automobile insurance laws in applicable states require this info (check all that apply)

Spouse Father Mother Guardian / Foster Parent Grandparent Sister / Brother Child None

Your Auto Insurance Company (at the time of accident): _____ Phone or City: _____

Agent: _____ Phone or City: _____

Was there any property damage to either of the vehicles as a result of the accident?

both vehicles the other person's vehicle the vehicle I was in Neither vehicle was damaged

Have you been contacted by an adjuster from the other party's insurance company regarding this claim? YES NO

Adjuster: _____ Company: _____ Phone: _____

Check all that apply: I have settled my personal injury claim with this company I have settled the property damage claim

I have signed an agreement which will pay my medical expenses for a period of time (explain):

I have not signed any agreement, nor settled any portion of my claim.

Are you currently represented by an attorney? YES NO If NO, do you wish to retain an attorney YES NO

Name of Attorney: _____ Phone or City: _____