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PERSONAL INJURY CLIENT WORKSHEET (NO-FAULT – AUTO ACCIDENT)

Please fill-in ALL information to the best of your knowledge
Attach separate documentation if necessary

CLIENT INFORMATION

1. Full Name: _____
2. Address: _____
3. Home Phone: _____
4. Work Phone: _____
5. Cell Phone: _____
6. Email Address: _____

DEFENDANT VEHICLE OWNER

7. Full Name: _____
8. Address: _____
9. Driver's License No.: _____
10. Place of Employment: _____
11. Telephone Number: _____

DEFENDANT DRIVER

12. Full Name: _____
13. Address: _____

14. Driver's License No.: _____

15. Place of Employment: _____

16. Telephone Number: _____

DATE AND TIME OF ACCIDENT

LOCATION OF ACCIDENT

VEHICLES INVOLVED

17. Client's Vehicle:

18. Defendant's Vehicle:

a. Make: _____

a. Make: _____

b. Year: _____

b. Year: _____

c. Color: _____

c. Color: _____

d. License: _____

d. License: _____

e. Ownership: _____

e. Ownership: _____

CLIENT PERSONAL HISTORY

19. Date of Birth: _____

20. Place of Birth: _____

21. Education History: _____

22. Marital History Including Children: _____

23. Occupational History: _____

24. History of all prior injuries or hospitalizations: _____

ACCIDENT FACTS

25. Where client was coming from and where was client en route to: _____

26. Weather conditions: _____

27. Road conditions: _____

28. Identify and position in vehicle any passengers: _____

29. Direction of travel: _____

30. Approximate speed: _____

31. Lane: _____

32. Short description of accident (Also, prepare diagram of accident.): _____

33. Detailed description of all body movement within vehicle after impact: _____

34. Detailed description of course of travel of both vehicles after impact: _____

35. Detailed review of all conversations or discussions at the scene: _____

36. Evidence of drinking, medications or drugs: _____
37. Identify all investigation police agencies, police officers and description of what was done by each such individual: _____
38. Means by which clients left the scene: _____
39. Skid marks: _____
40. Location of debris: _____
41. Tickets issued: _____
42. Identify all witnesses and location of witnesses: _____
43. Discussion of vehicle damage: _____

INJURIES

44. Detailed listing of each injury including date and time of onset of symptomology:

MEDICAL TREATMENT

45. Chronological resume of all medical treatment from the time of accident to the present date:

DOCTORS INVOLVED

46. Listing of each doctor with address and telephone number who has rendered medical treatment since the occurrence of the accident:

PHOTOS

47. List of all photos taken to date:

48. Photos being ordered:

INSURANCE

49. Identity of clients' no-fault insurance carrier and policy number: _____

a. Identity of adjuster: _____

b. Claim number: _____

50. Description of each no-fault insurance policy and policy number carried by insured or by any

member of his household covering any vehicle owned by any member of said household:

51. Name and address of clients' group insurance carrier: _____

52. Name and address of any other applicable insurance carriers covering client (Auto Club, etc.):

53. Name and address of defendant's insurer: _____

a. Identity of adjuster: _____

b. Claim number: _____

c. Limits of liability coverage: _____

Additional Information to Bring to Your Appointment

- Car titles, statement of loan balance, dealer appraisal of vehicle worth
- A record of expense reimbursements
- Automobile and Medical insurance plans
- Last six (6) recent pay stubs for you and your spouse
- Federal and state income tax returns for last three (3) years
- All repair bills, invoices, or damage appraisals relating to the vehicles involved in the accident
- All photographs, slides, films, moving pictures, videotapes, etc. relating to the accident
- All police investigation reports regarding the accident
- Any other documents in your possession that relate to your accident and injury