LAW OFFICES OF
JOHN M. PHILLIPS
904.444.4444

# Confidential Personal Injury Questionnaire

Our File #: _____

NAME OF CLAIMANT _____
MINOR: (Y)____ (N)____ Male: ____ Female: ____
GUARDIAN/PARENT: _____

REFERRAL SOURCE: _____

I. *Personal Data*

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

**CONTACT INFORMATION**
Home #: _____ Cell #: _____
Work #: _____
Email: _____
Employer: _____
DOB: _____ SSN #: _____ DL #: _____
***Emergency Contact:*** Name: _____ Phone: _____

**MARITAL STATUS**
(S) ____ (M) ____ (SEP) ____ (D) ____ (W) ____
Spouse's Full Name (please print): _____
Number #: _____

**CHILDREN**
(Y) ____ (N) ____
IF YES, PLEASE PROVIDE NAMES BELOW:
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

*NOTES:*

## *II. Accident Information*

DATE OF ACCIDENT:_____SEAT BELTS: YES____ NO____
LOCATION:_____

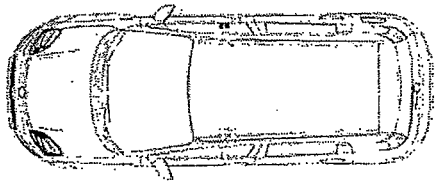
CLAIMANT'S DESCRIPTION OF ACCIDENT:

_____
_____
_____
_____
_____
_____
_____

PASSENGERS:

_____
_____

IN THE DIAGRAM BELOW, PLEASE MARK WITH A "✓" WHERE YOU WERE SITTING IN VEHICLE AT TIME OF ACCIDENT.



IN THE DIAGRAM ABOVE, PLEASE MARK WITH AN "X" WHERE THE VEHICLE WAS STRUCK/ DAMAGED.

WERE YOU THE: PASSENGER ____ DRIVER ____ PEDESTRIAN ____

WITNESSES: _____
POLICE DEPT: _____ POLICE REPORT #:_____
REPORTING OFFICER: _____

MULTI CAR ACCIDENT?: (Y)____ (N)____
ACCORDING TO THE ACCIDENT REPORT, WHAT NUMBER VEHICLE WAS CLAIMANT IN?:___

**HOST** VEHICLE DESCRIPTION: (MAKE)_____(MODEL)_____ (YEAR) _____
(TAG)_____

**ADVERSE** VEHICLE DESCRIPTION: (MAKE) _____ (MODEL) _____(YEAR) _____
(TAG)_____

*NOTES:*

*III. Insurance Information*

CLAIMANT HEALTHCARE INSURANCE:
COMPANY: _____
MEMBER #: _____ GROUP# _____
____HMO ____PPO MEDICARE: YES____ NO____ MEDICAID: YES____ NO____
PRIMARY PSYSICIAN: _____
PHONE #: _____
ADDRESS: _____

CLAIMANT VEHICLE INSURANCE:
COMPANY: _____
POLICY #: _____ CLAIM #: _____
COVERAGE LIMITS-LIABILITY: _____ UM: _____
CLAIM ADJUSTER: _____

ADVERSE VEHICLE INSURANCE:
COMPANY: _____
POLICY #: _____ CLAIM #: _____
COVERAGE LIMITS-LIABILITY: _____ UM: _____
CLAIM ADJUSTER: _____

*IV. Prior Injuries*

HAVE YOU EVER BEEN INVOLVED IN AN INCIDENT AND SUSTAINED INJURIES?:
(Y) ____ (N) ____
WHAT YEAR?: ____ DID YOU OBTAIN AN ATTORNEY?: (Y)____ (N)____

ATTORNEY NAME: _____

BRIEF DESCRIPTION OF EVENT & INJURY:
_____
_____
_____

*V. (Premises Liability Cases only)*

INCIDENT LOCATON: _____
TO WHOM WAS THE INCIDENT REPORTED? _____

WHAT WERE YOU WEARING, INCLUDING YOUR SHOES?
_____
_____

WHERE DID THE INCIDENT OCCUR: OUTSIDE____ INSIDE____

*NOTES:*

*VI. Injury Information*

WHAT (WERE) ARE ALL OF YOUR INJURIES FROM THE INCIDENT? (Describe in detail):

_____

_____

_____

_____

_____

_____

_____

_____

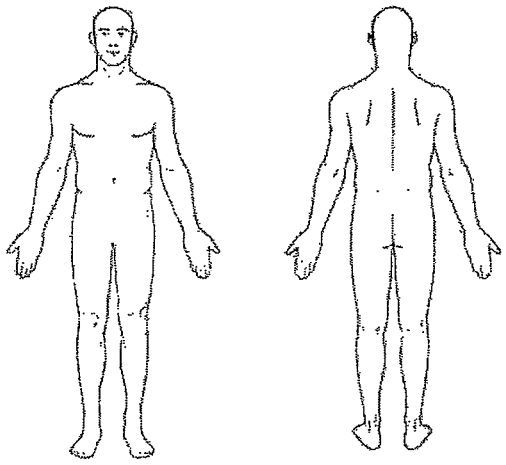
WAS RESCUE CALLED?: (Y)____ (N) ____ TRANSPORTED?: (Y) ____ (N) ____
NAME OF HOSPITAL: _____

ARE YOU CURRENTLY TREATING FOR YOUR INJURY?: (Y) ____ (N) ____
IF SO, PLEASE LIST DOCTOR(S) AND FACILITY:

_____

_____

IN THE DIAGRAM BELOW, PLEASE MARK "X" WHERE YOU HAVE PAIN AS A RESULT OF THIS INCIDENT.



ARE YOU CURRENTLY ON MEDICATION FOR SUSTAINED INJURYIES?: (Y) ____ (N) ____
IF SO, PLEAS LIST MEDICATIONS:

_____ _____

_____ _____

_____ _____

PHOTOGRAPHS:

ARE YOU IN POSESSION OF ANY PHOTOGRAPHS?: (Y) ____ (N) ____ (VIDEO) ____
SCENE ____ PROPERTY DAMAGE ____ INJURY ____

*NOTES:*