

# PERSONAL INJURY & PROPERTY DAMAGE INTERVIEW SHEET

## PLAINTIFF INFORMATION

# OF PLAINTIFFS INVOLVED \_\_\_\_\_ PLAINTIFF # \_\_\_\_\_  Driver  Passenger

PREMISES  SLIP&FALL  DOG BITE  Other \_\_\_\_\_

FIRST NAME. \_\_\_\_\_ MI. \_\_\_\_\_ LAST \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ US CITIZEN  YES  NO

DRIVER LICENSE # \_\_\_\_\_ ISSUING STATE. \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Lbs.

Medi-Cal Card#: \_\_\_\_\_ MEDICARE Card# \_\_\_\_\_

Private Health Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

REQUIRE AN INTERPRETER? YES NO LANGUAGE \_\_\_\_\_ TRANSPORT

NEEDED? YES  NO  Sometimes

IF MINOR, NAME OF MOTHER NAME OF FATHER \_\_\_\_\_ EMERGENCY

CONTACT #1 \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMERGENCY

CONTACT #2 \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SUB-IN? Yes,

No  ATTORNEY INFO: \_\_\_\_\_

WERE YOU GOING TO WORK AT THE TIME OF THE ACCIDENT; Yes  No

IF NO, WHERE WERE YOU HEADED? \_\_\_\_\_

## INJURY INFORMATION

INJURIES (PHOTOS IF POSSIBLE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ DOCTOR.

\_\_\_\_\_ PHONE. \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOCTOR. \_\_\_\_\_ PHONE. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

AMBULANCE CO: \_\_\_\_\_ HOSPITAL \_\_\_\_\_

Date of Service \_\_\_\_\_ HOW MANY DAYS CONFINED? \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

NAME GIVEN AT HOSPITAL; \_\_\_\_\_

PREVIOUS ACCIDENT IN PAST 10 YRS:  YES  NO WAS CLAIM REPORTED?  YES  NO

DATE OF ACCIDENT: \_\_\_\_\_ BODILY INJURIES REPORTED:

\_\_\_\_\_

PREVIOUS ATTORNEY CONTACT INFO:

\_\_\_\_\_

# EMPLOYMENT INFORMATION

EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 POSITION \_\_\_\_\_ Salary \_\_\_\_\_ Pay Per Week \_\_\_\_\_  
 TIME LOST? \_\_\_\_\_ FUTURE TIME LOSS ANTICIPATED? \_\_\_\_\_

# MEDICAL HISTORY

## PRIOR SURGERIES?

Please list all previous surgeries. Continue on back of this sheet if necessary.

Date:	Surgery:	Physician/Facility

## PRIOR CONDITIONS

ARE YOU A DIABETIC? \_\_\_\_\_ PCP LAST 10 YEARS PRIOR TO ACCIDENT \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ ANY METAL IN YOUR BODY? Yes o No o

HAVE YOU EVER WORK.ED WITH METAL? Yes o No o DO YOU HAVE A HEART PACER?

ARE YOU CLAUSTROPHOBIC? Yes o No o

PRE-EXISTING HEALTH CONDITIONS Please **CIRCLE** any of the following conditions that you have or have had previously.

- |                     |              |                        |
|---------------------|--------------|------------------------|
| High Blood Pressure | Fibromyalgia | Head Injury            |
| High Cholesterol    | Hepatitis    | Thyroid Disease        |
| Heart Problems      | HIV/AIDS     | Glaucoma               |
| Stroke/TIA          | Seizure      | MRSA                   |
| Heart Attack        | Asthma       | Kidney disease/failure |
| Blood Clots         | Sleep Apnea  | GERD                   |
| Anemia              | COPD         | Ulcers                 |
| Diabetes            | Emphysema    | Other _____            |
| Cancer              | Anxiety      | None                   |
| Arthritis           |              |                        |

# PROPERTY DAMAGE

FULL COVERAGE  LIABILITY ONLY

COLLISION: YES, D NO  DEDUCTIBLE: \$ \_\_\_\_\_

UNINSURED MOTORIST: YES  NO  AMOUNT OF COVERAGE \$ \_\_\_\_\_

IF NO, DOES ANYONE IN YOUR HOUSEHOLD HAVE UM (does not have to be a relative): YES  NO

RENTAL COVERAGE: YES  NO  CAR SEAT IN VEHICLE AT TIME OF ACCIDENT: YES  NO

HAS YOUR VEHICLE BEEN INSPECTED? \_\_\_\_\_ BEEN REPAIRED? \_\_\_\_\_

Did YOU REPORT ACCIDENT TO YOUR INSURANCE COMPANY? YES NO ----

HAVE YOU MADE A RECORDED STATEMENT WITH YOUR ADJUSTER? \_\_\_\_\_

NAME OF INSURANCE CARRIER \_\_\_\_\_

POLICY # \_\_\_\_\_ CLAIM # \_\_\_\_\_

OWNER OF CAR \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEAR/MAKE: \_\_\_\_\_ TYPE \_\_\_\_\_ COLOR \_\_\_\_\_

# EMERGENCY PERSONNEL AT SCENE

POLICE: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ POLICE REPORT NO.: \_\_\_\_\_

AMBULANCE: \_\_\_\_\_ CITY: \_\_\_\_\_ FIRE

DEPT.: \_\_\_\_\_ CITY: \_\_\_\_\_

# INTERVIEW INFORMATION

DATE OF LNTERVIEW \_\_\_\_\_ REFERRED BY \_\_\_\_\_

INTERVIEWER CONTRACT \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_ DAMAGE \_\_\_\_\_

BODY SHOP/STORAGE NAME: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS? \_\_\_\_\_

WAS THE VEHICLE TOWED? Yes  No  DRIVEABLE? Yes  No

# DEFENDANT'S INFORMATION

NAME OF DEFENDANT \_\_\_\_\_ LIC# \_\_\_\_\_

OWNER OF CAR \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEAR/MAKE: \_\_\_\_\_ TYPE \_\_\_\_\_ COLOR \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_ DAMAGE \_\_\_\_\_

NAME OF INSURANCE CARRIER \_\_\_\_\_

POLICY # \_\_\_\_\_ CLAIM # \_\_\_\_\_

ADJUSTER'S NAME \_\_\_\_\_ ADJUSTER'S NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# ACCIDENT FACTS

DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ WEATHER CONDITIONS \_\_\_\_\_

WERE POLICE NOTIFIED? YES \_\_\_ NO \_ POLICE DEPT \_\_\_\_\_ TEL: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

POUCE REPORT PREPARED? YES \_ NO \_\_\_\_\_ POLICE REPORT# \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLAINTIFF WAS GOING \_\_\_\_\_ ON \_\_\_\_\_ AT \_\_\_\_\_ M.P.H.

DEFENDANT WAS GOING \_\_\_\_\_ ON \_\_\_\_\_ AT \_\_\_\_\_ M.P.H.

## DETAILS OF ACCIDENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

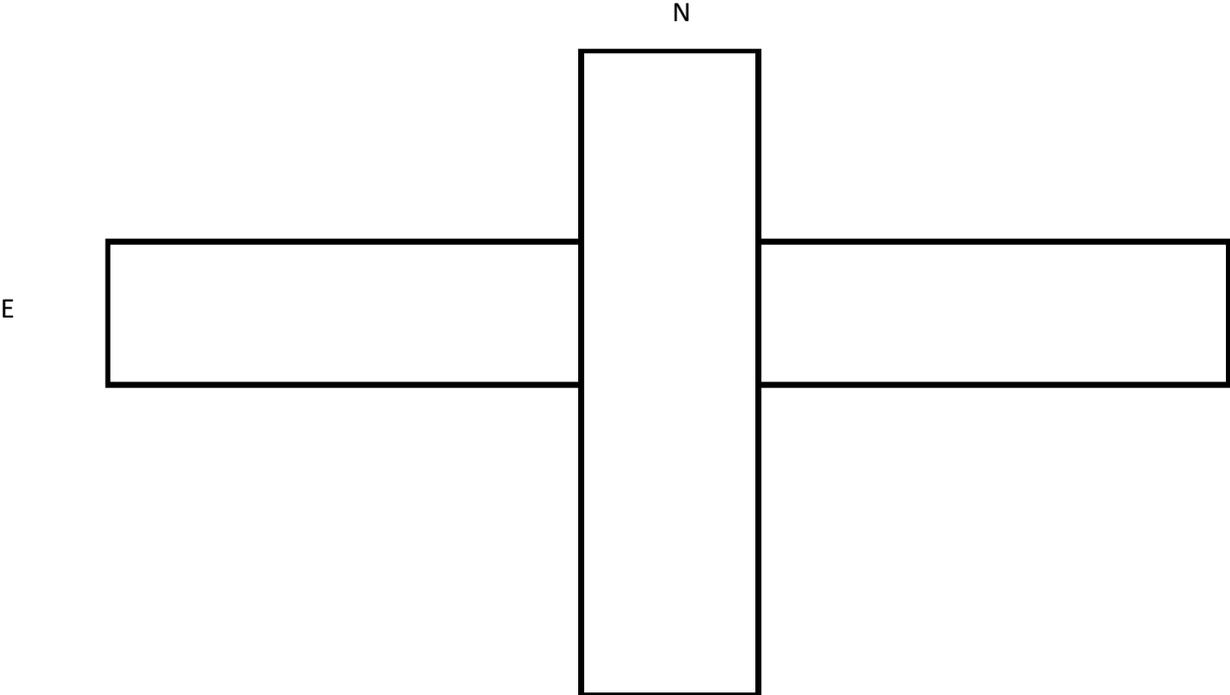
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIAGRAM OF ACCIDENT**

DIAGRAM OF ACCIDENT



**WITNESSES:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY PERSONNEL AT SCENE**

POLICE: \_\_\_\_\_ CITY: \_\_\_\_\_

PAIN DRAWING

NAME \_\_\_\_\_

DATE \_\_\_\_\_

