

AUTO ACCIDENT CLIENT INTAKE FORM

Directions: Please provide us with all the information requested below. All information is kept confidential. Please print clearly.

Date: _____

Present Legal Name: _____
First Middle Last

Spouse Legal Name: _____
First Middle Last

Mailing Address: _____
Street

Municipality State Zip code

Permanent Address (if different from mailing address):

Street Municipality State Zip code

Phone Numbers:

Home: _____ Email address: _____

Work: _____ Facsimile: _____

Cell: _____

Birth Date: _____

Driver's License Number: _____

For internal use only:

Referred to: _____ Closed on: _____ Type of Case: _____

Notes:

Date of Accident: _____ **Time:** _____

Status: driver passenger pedestrian

If passenger, who is driver? _____

Where did the accident happen?

Describe the accident in your own words:

If you were either driving or a passenger in a vehicle not owned by you, please answer the following:

What was your position in the car? Driver Passenger

If passenger, were you sitting in Front Right Rear Left Rear

Did your vehicle strike other vehicle? Yes No

Was your car struck by other vehicle? Yes No

Was the impact from: the front
 from the right side
 from the left side
 from the rear

Were you wearing seat belts? Yes No

Were you injured? Yes No

If injured, what are your injuries? _____

Did you go to the hospital? [] Yes [] No

How did you get to the hospital? [] Ambulance [] Private Transportation

Name of Hospital: _____

Were you admitted to the hospital? [] Yes [] No How long did you stay? _____

Have you seen any other doctor as a result of this accident? [] Yes [] No

Doctor(s) Name & Address(es):

Vehicles Involved:

Your Vehicle: Year _____ Make _____ Model _____

Insurance Name: _____ Claim Number: _____

Phone Number: _____

Address: _____

Adjuster Name: _____

Other Vehicle: Year _____ Make _____ Model _____

Insurance Name: _____ Claim Number: _____

Phone Number: _____

Address: _____

Adjuster Name: _____

Additional Information:

Is client on: Medicare Medicaid Worker's Compensation Social Security Disability

Insurance Please note, these agencies place liens on your file which may make your case more difficult to settle and which will have to be repaid.

Previous claims/lawsuits/auto-accidents/injuries/worker's comp claims: Yes No If yes, explain:
