

List Medical Providers/Facilities:

Name:	Address:	Telephone:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Insurance Company(s):

Name: _____
Address: _____
Telephone: _____

Name: _____
Address: _____
Telephone: _____

Please describe all injuries or symptoms that you continue to feel today, including any activities that are limited or prevented due to the injuries. _____

Have you ever had any prior medical treatment to the same areas of you body that were injured in this accident? If so, list the injury, approximate date, place, and the doctors and hospitals who treated you: _____

Accident Information

Date and time of accident: _____

Street address or location, the names of any intersection streets or highways, the direction you were traveling and the direction any other involved vehicles were traveling: _____

Describe in your own words how the accident happened:

What was your speed before the impact? _____

What was the speed of any other vehicle involved before the impact? _____

Passengers in your Vehicle

Name _____ Date of Birth _____

Address _____ E-mail _____

_____ SSN _____

Work Phone _____ Home Phone _____

Name _____ Date of Birth _____

Address _____ E-mail _____

_____ SSN _____

Work Phone _____ Home Phone _____

Passengers in any other Vehicle(s)

Name _____ Date of Birth _____
Address _____ E-mail _____
_____ SSN _____
Work Phone _____ Home Phone _____

Name _____ Date of Birth _____
Address _____ E-mail _____
_____ SSN _____
Work Phone _____ Home Phone _____

List of Witnesses:

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

Location of Accident

USE THE NEXT PAGE, WHICH IS BLANK, TO MAKE A DRAWING OF THE LOCATION OF THE ACCIDENT.

- Include all the **lanes of travel**, going in both directions, of the street that you were on, including turn lanes. Include all the lanes of travel, in both directions, including turn lanes, for any intersecting streets or alleys that are relevant to this accident.
- Locate and identify any **traffic signs** including stop, yield, speed limit, and any other signs or traffic control devices.
- Also draw in any **physical features** that may have obstructed your vision, or may have obstructed the vision of any other drivers, such as trees, bushes, buildings, or parked vehicles along the roadway.

Use this page for your drawing.

Describe the **weather conditions** at the time of the accident.

Describe the **lighting conditions** at the time of the accident: was it daylight, and if so, describe the light conditions. If it was dusk or dark, state whether there were artificial lights, and whether there were artificial lights, and whether they were on or not.

Vehicle lights: Did any vehicle, including yours have on any lights prior to impact including turn signals, headlights, brake lights, taillights, fog lamps, or otherwise, and if so, describe.

Marks or debris at the scene: Were there any skid marks, gauge marks, or debris at the scene of the accident? If so, describe what you saw, and also draw in their location on your drawing of the accident scene.

Tickets or criminal charges: Did you or any other driver receive a ticket or criminal charge? If so, describe what you know.

Indications of alcohol or drugs: Did you or any other witness see any indication that any driver was under the influence of alcohol or drugs? If so, describe.

Loss of Income/ Time from Work

Have you lost time from work or income as a result of this incident? If so, give the name, address and telephone number of your employer.

Your hourly, weekly, or monthly salary at the time of the incident.

The dates that you have missed from work.

The total amount of income you have lost since the accident.

Investigations

Has anyone investigated this accident, either police, authorities or private investigators? If so, give their name, address, telephone number and the approximate date of the investigation. _____

Do you have copies of any investigative reports or materials? _____

Description of Vehicles

Your Vehicle: Make _____ Model _____

Serial Number _____ Year _____ Color _____

Area and severity of damage: _____

Present Location:

Name _____

Address _____

Telephone Number () _____

Insurance Company name, address, telephone number, and your claim number:

Defendant's Vehicle: Make _____ Model _____

Serial Number _____ Year _____ Color _____

Area and severity of damage: _____

Present Location:

Name _____

Address _____

Telephone Number () _____

Insurance Company name, address, telephone number, and your claim number:

(If more than two vehicles were involved in the accident, please attach a separate sheet providing this information for each vehicle.)