

Personal Injury Addendum for Client Information

Description of Accident:

Date and time of accident: \_\_\_\_\_

Place or general location of accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific description of scene or location of accident:

Description of accident in own words:

Specific description of injuries:

Names and addresses of drivers of any vehicles involved:

Names and addresses of all other persons involved in accident:

If automobile accident:

Position where injured persons were seated immediately prior to accident:

Movement of vehicles down road before accident and immediately prior to impact:

Speed of vehicles immediately before accident and at time of accident:

Point of departure and destination of vehicle at time of accident:

Position of vehicles at time of impact, with reference to side of road, center of road, intersections, etc. Draw diagram.

Traffic controls at scene of accident and in vicinity—traffic lights, speed limit signs, yellow lines, no passing one designations, etc.

Movement of vehicles involved after the impact:

Visual signals by any drivers before accident:

Audible signals by any drivers before accident:

Lights of vehicles and lighting conditions, including time of day:

Weather conditions:

Type and condition of road surfaces:

Type of road in vicinity of impact: narrow, broad, 2-lane, 4-lane, hilly, level, etc.

Windows of vehicles up or down?

Other cars following or approaching before and at time of impact:

History of automobiles involved:

Make and model of each vehicle involved:

Your vehicle:

Date and place of purchase of vehicle:

Ownership of vehicle:

Mileage on vehicle at time of purchase:

Mileage on vehicle at time of accident:

Condition of vehicle at time of accident; known defects

Past troubles or defects of vehicle:

Maintenance history of vehicle:

License number of car: (Attach copy of registration)

Name of service station where vehicle is regularly taken for service:

Insurance information (name of company and policy number, coverage): (Attach copy of policy):

Consent to drive at time of accident: agency of family purpose:

Driving history:

Driver's license: Number, state, place of issue (Attach copy):

Past traffic violations (except parking tickets) (include location and description of offense and results of charges):

Other traffic accidents (include date, place, description of each accident, names involved):

Witnesses to Accident and after Accident:

Names and addresses of all persons who witnessed or know anything about accident:

Location or position of witnesses at time of accident:

What did each witness state about accident or purports to know? (Did witness make a statement to anyone? If so, to whom?)

Name, address, and affiliation of each person making investigation of accident, including police:

Results of any investigation, if known:

Conversations with other parties or persons, nature of conversations:

Written statements given after accident, to whom given and affiliation of party taking statement:

Measurement of pertinent distances, by whom taken and results:

Photographs of accident or persons involved:

Correspondence with any party or person about accident (Include date, nature of correspondence, and include copies of correspondence):

Specific areas of inquiry in automobile accident case:

Positions of vehicles after accident:

Damage to vehicles observed after accident (attach copy of estimate):

Times of arrivals of witnesses or spectators at scene:

Time of arrival of ambulance at scene:

Time of arrival of police at scene:

Condition of road after accident:

Skid marks:

Debris in roadway:

Marks on shoulder of road or other physical conditions:

Testing of brakes, headlights or other parts of vehicle after accident:

Description of injuries and condition of each party after accident:

Condition of passengers or other persons directly involved after accident:

Times of departure from scene of witnesses, ambulance and police:

Description of Injuries and Damages:

Personal injury:

Full and detailed description of each injury suffered by plaintiff in accident, with identification of each specific part of body injured:

Fill out medical release forms and attach:

Description of how each injury occurred:

Description of how each injury has affected client:

Property damage:

Full and detailed description of all property damage, including identification of each part of property damaged:

Attach photos of damage:

Description of how each part of damage occurred:

Name and address of person or firm receiving damaged property:

Name and address of person repairing any damaged property:

Value of property before accident and after accident:

Payment for property loss by any insurance company or other firm or person:

Hospital and Medical Treatment: (attach releases for all doctors and hospitals)

Name and address of owner of ambulance used in connection with accident:

Names and addresses of driver and attendants in ambulance:

Amount of ambulance bill (attach copy):

Name and address of hospital where client was sent immediately after the accident:

Length of initial stay in hospital:

Names and addresses of all other hospitals where treated for injuries after accident, and length of stay in each hospital:

Amount of each hospital bill (attach copy):

Name and address of initial treating physician:

Nature of initial treatment:

Other treatments by initial treating physician, time and nature of each treatment:

Other treating physicians (name, address, date of examination or treatment, and nature of treatment):

Amount of each bill of each treating physician (attach copies):

Nature and amount of any drugs prescribed:

Amount of all drug bills (attach copies):

Nature and description of any therapeutic devices used in treatment (back braces, canes, girdles, etc.):

Specific parts of body still painful, if any, and nature of pain; duration of pain which has subsided:

Whether medical treatment is completed or to be continued:

If treatment to be continued, name and address of physician continuing treatment and nature of treatment forecast

Dates of future appointments

Have any hospital, medical, or drug bills been paid? If so, which bills have been paid, and by whom?

Disability from Injuries:

Describe whether each specific injury described above has been cured, and the duration of each:

Effect of each specific injury not cured on client's activities:

Are any injuries not cured, permanent?

Description of activities affected by injuries; what client is not able to do (especially in reference to former activities):

Description of activities not affected by injuries; what client is able to do (especially in reference to former activities):

Scars or other permanent marks on body and any disfigurement:

Past Medical Treatment and Medical History:

Past accidents- when and where occurred. (Full and detailed description of each and every injury received in each past accident):

Names and addresses of all hospitals and doctors rendering treatment for past accidents:

Effects of past personal injuries (description of any residual temporary or permanent disability):

Past serious diseases and illnesses (when and where suffered) (Include full and detailed description of each serious disease or illness suffered in past (heart attack, polio, cancer, etc.):

Names and addresses of all hospitals and doctors rendering treatment for past serious diseases and illnesses (Attach release):

Effect of past diseases or illnesses (include description of any residual temporary or permanent disability):

Name and address of regular family physician (Attach release):

Other accidents or serious diseases suffered since the accident (when and where occurred) (include full and detailed description of each and every injury received in each subsequent accident and of each subsequent disease or illness):

Names and addresses of all hospitals and doctors rendering treatment for subsequent injuries, diseases, and illnesses.

Effects of each subsequent injury, disease, and illness—description of any residual temporary or permanent disability.

Disability and insurance benefits received from any source (private insurance, Social Security, veterans, workers' compensation, etc.) for injuries, diseases, and illnesses before and after accident.

Past Personal Injury Claims:

Has client ever made a personal injury claim before this accident?

Nature of claim—circumstances giving rise to claim and when and where made:

Name of firm or person against whom claim was made:

Results of claim (settled, lawsuit, trial, etc.)

Names of any insurance companies involved

Has client made a personal injury claim since the accident?

Nature of claim—circumstances giving rise to claim and when and where made

Name of firm or person against whom claim was made:

Results of claim:

Names of any insurance companies involved:

Has any member of client's family ever made a personal injury claim—nature and circumstances giving rise to claim and when and where made: