

INTERVIEW FORM: MOTOR VEHICLE COLLISION

Name: _____ Social Security #: _____

Address: _____ City: _____ Zip: _____

Which phone number would you like us to list as your primary contact number?

Home _____ Cell _____ Work _____

Email address: _____

Birthdate: _____ Age: _____ Spouse's Name: _____

Children's Names & Ages: _____

Who referred you to our office? _____

Date of Accident: _____ Location: _____

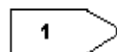
Name, Address & Phone of Other Driver(s): _____

Your Car Insurance Company: _____ Claim Number: _____

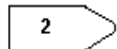
Other Driver's Car Insurance Company: _____ Claim Number: _____

Description of Accident: _____

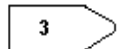
Draw Events of Accident on Diagram: Show on the diagram the street names, positions of all vehicles, persons, stop lights/signs, and other objects.



1 My car



2 Other car



3 Third car



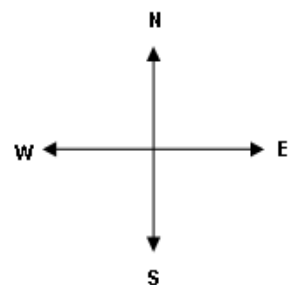
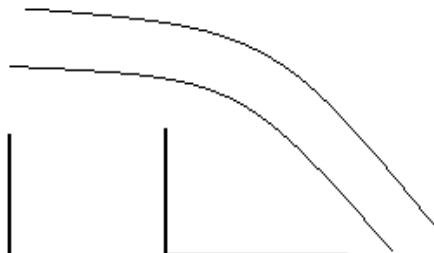
Pedestrian



Stop sign



Stop Light



Describe Injuries Caused by Accident: _____

Names of Doctors, Hospitals and Others Who Have Treated You for This Accident: _____

Previous Injuries: -- describe injury and when occurred: _____

Names of doctors who have treated you before this accident: _____

Wage Loss: Employer on date of injury: _____ Job Title: _____

Date you first began working there: _____ Date last worked: _____

Salary/Wage on date of injury: _____ Wages/Days lost: _____

Do you owe back child support and/or does OSE have any liens for payment of back child support?

Auto Repair: Name of repair shop: _____ Amount of repair bill: \$ _____

Other Expenses Related to Accident: _____

If you have Health Insurance/Medicare please provide a copy of your Health Insurance/Medicare card and/or provide your Health Insurance/Medicare number:

Law Enforcement Agency that responded to the accident: _____

Did you give a statement to an insurance adjuster? If so, to whom? _____

Have you been represented by another attorney for this claim? If so, who? _____

Other information which would assist us in evaluating your claim: _____

Signature

Dated