



Personal Injury Questionnaire

Name: _____ D.O.B.: _____ S.S.N.: _____

Date of Injury: _____ Location of Injury: _____

Name of Party who Caused Injury: _____

Address of Other Party: _____ Telephone Number: _____

Name of Witnesses: _____

Address of Witnesses: _____ Telephone Number: _____

Accident Information

In your own words, please briefly describe the accident/injury: _____

Please detail the damages to your property if any: _____

Were pictures taken of the damage to your vehicle? Yes No

If pictures were taken, please make them available to our office.

Loss of Income

Are you claiming a loss of income as a result of this accident/injury? Yes No

If yes, please provide information as to the following:

Dates missed from work: _____

Wage per hour: _____ or Salary per month: _____

With regard to missed hours, did you:

Receive a reduction in pay for missed time;

Use vacation time;

Use sick time; or

Use paid time off (PTO)

Explanation if necessary _____

Clark and Feeney will need a statement from your employer as to missed time from work for a claim in lost wages.

Medical Information

Please list all medical providers you have seen as a result of this accident/injury below:

<u>Medical Care Provider</u>	<u>Address</u>

Have you had surgery as a result of this injury/accident? Yes No

If so, at what facility? _____ Date of Surgery: _____

Please list the medical care providers you have seen **previous to this accident/injury within the past ten (10) years** below:

<u>Medical Care Provider</u>	<u>Address</u>

What were your injuries from the incident? _____

What injuries still effect you (continuing symptoms)? _____

Changes in Lifestyle

Please describe in detail the activities you performed prior to the subject incident that you are no longer able to perform: _____

Please describe in detail how your injuries have changed your life: _____

With regard to missed hours, did you:

Receive a reduction in pay for missed time;

Use vacation time;

Use sick time; or

Use paid time off (PTO)

Explanation if necessary _____

Clark and Feeney will need a statement from your employer as to missed time from work for a claim in lost wages.

Insurance Information

YOUR insurance information:

OTHER PARTY insurance information:

Company: _____

Company: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Telephone Number: _____

Telephone Number: _____

Agent: _____

Agent: _____

Agent Address: _____

Agent Address: _____

Agent Telephone Number: _____

Agent Telephone Number: _____

Have any expenses been paid by either insurance company? If so, explain: _____

Do you have personal medical insurance: Yes No

If so, please provide: Name of insurance company: _____

Address: _____

Policy #: _____

Have any expenses been paid by your personal medical insurance company? If so, explain: _____

Have you personally paid any expenses? If so, explain: _____