

GARRETSON & HOLCOMB, L.L.C.
PERSONAL INJURY QUESTIONNAIRE

DATE _____ Email: _____

Do you prefer email correspondence Y/N

NAME _____ SS# _____

ADDRESS _____

TELEPHONE (Home) _____ (Work) _____ (Cell) _____

DATE OF BIRTH _____ AGE _____

ARE YOU MARRIED: _____ IF SO, NAME OF SPOUSE _____

DATE OF ACCIDENT _____ APPROXIMATE TIME _____

LOCATION OF ACCIDENT _____

POLICE DEPARTMENT INVESTIGATING ACCIDENT _____

DO YOU HAVE AN ACCIDENT REPORT YET? _____

DRIVER OF YOUR VEHICLE (NAME AND ADDRESS) _____

OWNER OF YOUR VEHICLE (NAME AND ADDRESS) _____

OTHER PASSENGERS IN YOUR VEHICLE (NAMES AND ADDRESSES) _____

DRIVER OF THE OTHER VEHICLE (NAME AND ADDRESS) _____

WERE YOU TAKEN TO THE HOSPITAL? IF SO, WHAT HOSPITAL? _____

WERE YOU TAKEN BY THE LIFE SQUAD? IF SO, WHAT DEPARTMENT? _____

WHAT DOCTORS (NAMES AND ADDRESSES) HAVE TREATED YOU FOR YOUR INJURIES
IN YOUR ACCIDENT? _____

BRIEFLY DESCRIBE YOUR INJURIES _____

DESCRIBE WHAT HAPPENED TO YOU PHYSICALLY IN THE ACCIDENT _____

LIST ALL OF YOUR MEDICAL BILLS INCURRED TO DATE (AND ATTACH COPIES HERETO)

DID YOU LOSE TIME FROM WORK AS A RESULT OF THE INJURIES? IF SO, WHAT TIME DID
YOU LOSE AND HOW MUCH MONEY? _____

CAN YOU PROVIDE A LOST WAGE STATEMENT FROM YOUR EMPLOYER? _____

NAMES AND ADDRESSES OF ANY WITNESSES TO THE ACCIDENT _____

NAME AND ADDRESS OF YOUR AUTOMOBILE INSURANCE COMPANY _____

NAME, ADDRESS, AND PHONE NUMBER OF YOUR ADJUSTER _____

NAME AND ADDRESS OF ALL OTHER INSURANCE COMPANIES/POLICIES COVERING YOU OR
THE OTHER INJURED PARTIES _____

NAME AND ADDRESS OF AUTOMOBILE INSURANCE COMPANY FOR THE OTHER DRIVER

NAME, ADDRESS, AND PHONE NUMBER OF ADJUSTER FOR THE OTHER DRIVER

HAS MEDICAL INSURANCE PAID FOR ANY OF YOUR MEDICAL BILLS? _____

IF SO, IS THERE SUBROGATION? _____

PLEASE LIST ALL SOURCES OF PAYMENT OF YOUR MEDICAL BILLS, INCLUDING HEALTH
INSURANCE OR OTHER PERSONS _____

IF YOU MAKE ANY PAYMENTS FOR YOUR HEALTH INSURANCE, PLEASE STATE HOW MUCH
AND HOW OFTEN _____

CONCERNING THE INJURIES YOU SUSTAINED, HAVE YOU BEEN TREATED FOR A CONDITION
PRIOR TO THE ACCIDENT FOR THIS SAME TYPE OF PROBLEM/CONDITION? IF SO, WHAT
DOCTOR TREATED YOU? _____

HAVE YOU HAD PRIOR ACCIDENTS BEFORE THE ACCIDENT STATED ABOVE? _____

IF SO, STATE THE DATE AND LOCATION OF SUCH PRIOR ACCIDENT _____

HAVE YOU BEEN INVOLVED IN ANY ACCIDENT SINCE THE ACCIDENT STATED ABOVE?

IF SO, STATE THE DATE AND LOCATION OF SUCH SUBSEQUENT ACCIDENT _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, PLEASE STATE WHEN, WHERE, AND WHAT FOR _____

HAVE YOU EVER BEEN INVOLVED IN A LAWSUIT OR MADE A CLAIM BECAUSE OF PERSONAL INJURIES BEFORE? IF SO, PLEASE STATE WHEN, AGAINST WHOM, AND FOR WHAT _____

DO YOU HAVE ANY PHOTOGRAPHS INVOLVED THE ACCIDENT OR THE VEHICLE? _____

ATTACH A COPY OF ANY ESTIMATES OF PROPERTY DAMAGE TO YOUR VEHICLE.

ON THE ATTACHED SHEET, PLEASE WRITE OUT WHAT HAPPENED IN THIS ACCIDENT AND PROVIDE ANY OTHER INFORMATION YOU FEEL IS RELEVANT.

