PUTNAM • LIEB • POTVIN • DAILEY
ATTORNEYS AT LAW

Date of Accident _____

PERSONAL INJURY INTERVIEW FORM

1. GENERAL

Name: _____

Physical Address: _____
Street City St. Zip

Mailing Address: _____
Street City St. Zip

Phone: (Cell) _____ (Home) _____ (Work) _____

Email: _____ **Do you want to communicate via email**: ☐Yes ☐No\

Is using texting for reminders ONLY ok? ☐Yes ☐No\

Date of Birth: _____ **Social Security #**: _____

Name of Spouse/Partner: _____ **Do you have children**: ☐Yes ☐No.

Emergency Contact Name & Relation: _____ **Phone No**: _____

2. AUTO INSURANCE:

Your Auto Insurance Co. _____ **Policy No**._____

Claim No._____ **Policyholder Name**_____

Do you have Personal Injury Protection (PIP)? ☐Yes ☐No ☐ Don't Know

Do you have Uninsured/Underinsured Motorist Insurance? ☐Yes ☐No ☐ Don't Know

Other Party Insurance Co. _____ **Policy No**._____

Claim No._____ **Policyholder Name**_____

Any other information: Mailing address:_____

Phone Number:_____

3. HEALTH INSURANCE

Health Insurance Provider. _____ID No._____

Effective Date:_____ **Do you receive your Health Insurance through your Employer**? ☐Yes ☐No.

Do you have secondary health insurance? ☐Yes ☐No

If yes, Who is the Provider?:_____ ID No._____

Are you a Medicare recipient? ☐Yes ☐No

(An Additional Form we need to be completed by all Medicare Beneficiars/)

WE WILL REQUIRE A COPY OF THE FRONT AND BACK OF ALL YOUR INSURANCE CARDS.

Please see other side for additional questions.

4. INJURIES/DAMAGES:

Briefly Describe your injuries? (body parts/psychological diagnosis)

_____

_____

What type of treatment have your received for your injuries?

☐ Physical Therapy ☐ Chiropractic ☐ Surgery ☐ Injections ☐ Other:_____

*******Please list ALL Medical Providers on the Provider List form Provided*******

Do you have any pre-existing conditions? ☐Yes ☐No ☐ Don't Know

If yes, briefly describe:_____

5. ACCIDENT: Date of Accident_____.

Were you a ☐Driver ☐Passenger ☐Pedestrian ☐Bicyclist ☐Other:_____?

How did the accident occur? _____

_____

Location of Accident (Street, City, County) _____

Was an accident/collision report filed? ☐Yes ☐No Report No._____.

Did law enforcement/fire department respond to the scene: ☐Yes ☐No ☐Unsure

If yes, Do you know which city/county/state/department responded? _____

Were citations issued? ☐Yes ☐No ☐Unsure Citation#_____

Do you have names and contact information for witnesses? ☐Yes ☐No. If yes, please provide on a separate sheet of paper.

Were you in the course of employment at the time of the accident? ☐Yes ☐No

If yes, has a Labor & Industry Claim been filed? ☐Yes ☐No If yes, what is the Claim No: _____

6. PROPERTY DAMAGE

Has your car been repaired? ☐Yes ☐No Damage estimate? $_____

Do you have a diminished value claim? ☐Yes ☐No ☐Unsure Mileage at the time of accident:_____

Please provide the make model and year of the car _____/_____/_____
Model Make Year

7. WAGE LOSS

Your Employer:

Name: _____ **Phone No.:**_____

Address:_____ **Supervisor:** _____

Have you missed work? ☐Yes ☐No

If yes, please provider dates:_____.

We may require further wage/employment information (paystubs, tax returns, etc)

Thank you for contacting Putnam Lieb Potvin Dailey to discuss your personal injury claim.