

**BACKGROUND INFO**

**DATE OF CALL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**DATE OF THE ACCIDENT** \_\_\_\_\_

**TIME OF ACCIDENT** \_\_\_\_\_

**INTAKE DONE BY:** \_\_\_\_\_

**LAWYER:**                      RVM    JPZ    RMG    LGZ    RFG    ASH

**CLIENT'S INFORMATION:**

**P CLIENT'S NAME:**  
\_\_\_\_\_

**P STREET ADDRESS:**  
\_\_\_\_\_

**P CITY** \_\_\_\_\_ **P ZIP** \_\_\_\_\_

**P HOME NUMBER:** \_\_\_\_\_ **P WORK:** \_\_\_\_\_

**P CELL PHONE:** \_\_\_\_\_ **P E-MAIL** \_\_\_\_\_

**P DATE OF BIRTH:** \_\_\_\_\_ **P SS#:** \_\_\_\_\_

**P HEALTH INSURANCE** \_\_\_\_\_

**WORKING AT THE TIME**                      YES \_\_\_\_\_                      NO \_\_\_\_\_  
**IF YES, MAKING A COMP CLAIM**                      YES \_\_\_\_\_                      NO \_\_\_\_\_

**WHAT STATE DID THE ACCIDENT HAPPEN IN?** \_\_\_\_\_

**STREET:**  
\_\_\_\_\_

**COUNTY:**  
\_\_\_\_\_

**DRIVER** \_\_\_\_\_                      **PASSENGER**                      **PEDESTRIAN** \_\_\_\_\_  
**IF DRIVER, OTHER PASSENGERS?** \_\_\_\_\_

**DESCRIPTION OF THE ACCIDENT:** \_\_\_\_\_

**TREATMENT**

**WHICH JURISDICTION** \_\_\_\_\_ **NO POLICE** \_

**OFFICER'S NAME:** \_\_\_\_\_ **POLICE REPORT NO.:** \_\_\_\_\_

**AMBULANCE?**                      YES \_\_\_\_\_                      NO \_\_\_\_\_

**EMERGENCY ROOM:**                      YES \_\_\_\_\_                      NO \_\_\_\_\_

**WHAT HOSPITAL** \_\_\_\_\_

**NAME OF WITNESSES:** \_\_\_\_\_

**ADDRESS AND #** \_\_\_\_\_

**INJURIES**

BODY PARTS INJURED IN THE ACCIDENT: \_\_\_\_\_

---

**FOLLOW UP TREATMENT**

DRS NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATES: \_\_\_\_\_

OTHER TREATMENT:

PRIOR INJURIES OR ACCIDENTS \_\_\_\_\_

**LOSING TIME FROM WORK? YES \_\_\_\_\_ NO \_\_\_\_\_**

NAME OF EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

NUMBER OF HOURS LOST \_\_\_\_\_

---

**DEFENDANT'S CAR**

D MAKE \_\_\_\_\_ D MODEL \_\_\_\_\_ D YEAR \_\_\_\_\_

D TAG NUMBER \_\_\_\_\_ D STATE: \_\_\_\_\_

D DRIVER \_\_\_\_\_

D OWNER: \_\_\_\_\_

D INSURANCE COMPANY \_\_\_\_\_

D POLICY NO.: \_\_\_\_\_ D CLAIM NO.: \_\_\_\_\_

D ADJUSTER: \_\_\_\_\_ D ADJ PHONE

#: \_\_\_\_\_

---

**VEHICLE OUR CLIENT WAS IN (PIP/UIM)**

P MAKE \_\_\_\_\_ P \_\_\_\_\_ P YEAR \_\_\_\_\_

P TAG NUMBER \_\_\_\_\_ P STATE: \_\_\_\_\_

P DRIVER \_\_\_\_\_

P OWNER: \_\_\_\_\_

P INSURANCE COMPANY \_\_\_\_\_

P POLICY NO.: \_\_\_\_\_ P CLAIM NO.: \_\_\_\_\_

P ADJUSTER'S NAME: \_\_\_\_\_ P ADJ PHONE: \_\_\_\_\_

-  
**ARE YOU A LICENSED DRIVER? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**DO YOU HAVE AUTO INSURANCE? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**NAME OF INSURANCE CARRIER** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

**DESCRIBE PROPERTY DAMAGE:**

PROPERTY P CAR: \_\_\_\_\_

PROPERTY D CAR: \_\_\_\_\_

PHOTOS OF VEHICLE YES \_\_\_ NO \_\_\_\_\_

ADVISE CLIENT TO GET PHOTOS YES \_\_\_ NO \_\_\_

LOCATION OF CAR \_\_\_\_\_

IS CAR DRIVABLE: YES \_\_\_ NO \_\_\_

-

-

**HOW DID YOU HEAR ABOUT OUR FIRM:** \_\_\_\_\_