

2. Please draw a diagram of the applicable road and the position of your car approaching the accident and the actual place of collision. Please be sure to label roads, vehicles, and directions which the roads travel.

3. Please circle whether you were the driver or passenger.

Passenger Driver

Also please name all other persons in your vehicle, including where they sat in the vehicle.

State addresses of people with you in the vehicle and whether they are a relative of yours. If they are a relative, please state how they are related.

4. State the other driver's name, address, and insurance information, along with passengers' names in the other vehicle (if known).

5. State the year, make, and model of the vehicle involved, and the names of the owners as they are registered.

_____ Year _____ Make _____ Model

6. State the time, date, and place of accident.

_____ Time _____ Date _____ Place

7. Please state the weather conditions and also the specific road conditions.

8. Did a law enforcement officer investigate the accident, if so, which municipality? If you recall the name of the officer, please state the officer's name.

_____ Yes _____ No _____ Officer's name

_____ Municipality

9. Have you been contacted by an adjuster? If so, did you give anyone a written or recorded statement? If so, please state when you did this and if you were supplied a copy of the statement.

_____ Adjuster

_____ Date of statement

_____ Copy of statement _____ No copy of statement _____ Copy enclosed

10. Describe the nature of your injuries.

11. What "specialists" have you seen to date? More specifically, please state where you have incurred medical bills, pharmacy bills, and any other bills as a result of this accident.

Do you anticipate further expenses being incurred? _____ Yes _____ No

12. State who your treating physicians and medical providers are.

13. Were you hospitalized? If so, where and for how long?

_____ Yes _____ No Hospital _____

Period of time _____

14. Please state where you are employed and whether you have lost income as a result of this accident. If you have lost income, please state the amount, and the date(s) you lost work.

Place of employment: _____

Address: _____

Job Title: _____

Hourly wage or salary: _____

Amount of income lost: _____

Dates of work lost: _____

Do you anticipate further loss of wages? _____ Yes _____ No

15. What is your marital status, yearly income, number of dependents, educational background, job (career potential) and age?

_____ Age _____ Marital status _____ Yearly income

_____ # of dependents _____ Job information

Education background _____

16. Do you have any insurance policies (automobile, health, accident, disability, etc)? Please provide us with copies of ALL of your policies.

Automobile

Insurance Company _____

Address and telephone _____

Policy # _____

Please provide a copy of the policy.

Health

Insurance Company _____

Address and telephone _____

Policy # _____

Please provide a copy of the policy.

Disability

Insurance Company _____

Address and telephone _____

Policy # _____

Please provide a copy of the policy.

Accident

Insurance Company _____

Address and telephone _____

Policy # _____

Please provide a copy of the policy.

17. Were there any witnesses to the accident? If so, please list their names and addresses (if known). Please state if you know the witness, aside from this accident.

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

18. Were there other injuries in the same accident? If so, how many people were hurt and who were they?

_____ Yes _____ No _____ How many

Names:

19. Please state the name of the contact person with your employer to verify time loss from work resulting from this accident, and in order to obtain a statement as to your hourly, weekly, or average wage.

Name: _____

Phone # _____

Title or position _____

21. Have you ever made any previous liability claims? _____ Yes _____ No

State the identity of all other insurance companies involved. State how they are related to this case.

22. How many vehicles do you own? If none, do you live with relatives? If you do live with relatives, state who they are. Do they own any vehicles? If so, please supply any and all insurance policies relating to those vehicles.

_____ Number of vehicles owned

Signature

Date