

Date _____
Taken by _____
Ref by _____

Automobile Accident

PLAINTIFF'S BIOGRAPHICAL INFORMATION

Plaintiff's Name _____ Age _____ DOB _____
Email _____ Cell No. _____
Address _____
Telephone (Home) _____ (Work) _____
Marital Status _____ Spouse _____
Education _____ SSN _____
Ht. _____ Wt. _____ Military Service _____
Emergency Contact (Other than indicated above, different phone number) _____

CRIMINAL CONVICTIONS

Ever convicted of a crime? (Yes or No) Describe _____

Police Report Attached? (Yes or No)

If not, answer the following questions

ACCIDENT INFORMATION

D/A _____ T/A _____ D/W _____
P/A _____
Facts _____

PLAINTIFF'S VEHICLE INFORMATION

Vehicle in which Plaintiff was riding _____
Parts of Damaged Vehicle _____
Owner of Vehicle _____
Vehicle's Insurance Company _____
Policy No. _____

DEFENDANT INFORMATION

Vehicle_____

Other Vehicle Occupants_____

Driver_____ Owner_____

Vehicle's Insurance Co. _____

Policy No._____

TO BE ANSWERED IN ALL CASES

Plaintiff's position in the vehicle_____

Seat Belts Worn? (Yes or No)

Mechanics of injury_____

Plaintiff's vehicle occupants_____

Occupants injured (Yes or No)

Weather(2)_____ Road Conditions_____ Lighting_____

Controls_____ Skid Marks_____

Summonses_____ Violations of Statues _____

Defendant's Age/Restrictions/Disabilities_____

Defendant Vehicle Occupants_____

Admissions _____

Persons Present _____

Statements by Plaintiff_____

Any other communication with Defendant _____

WITNESS INFORMATION

MEDICARE ISSUES

Current Medicare Beneficiary (yes or no) _____

Anticipated Medicare eligibility_____

LAWSUIT LIMITATION ISSUES

Commercial Vehicle (yes or no)

Anticipated Medicare eligibility_____

LAWSUIT LIMITATION ISSUES

Commercial Vehicle (yes or no)

Insured on Policy (yes or no)

With whom reside _____

Resident relative _____

MEDICAL INFORMATION

Injuries _____

How removed from the scene _____

Taken to a hospital (yes or no)

Hospital Name _____

Admission/Discharge dates _____

Doctors _____

Health Insurance Information _____

Prior Claims/Lawsuits _____

Prior Injuries _____

EMPLOYMENT

Employed at time of Accident (Yes or No)

Employer Name _____

Emp. Address _____

Position/Nature of Work _____

How long employed _____

Weekly Wage _____

PRIORITIES

1. Is Plaintiff getting proper medical and/or other attention? (Yes or No)
2. Has Plaintiff been given State Disability Application? (Yes or No)
3. Must the UCJ be notified? (Yes or No)
4. Must Tort Claim Notices be sent out? (Yes or No)
5. Must investigators/experts be contacted immediately? (Yes or No) _____

6. Take pictures of property damages and injuries? (Yes or No)
7. Obtained statements/contacted witnesses? (Yes or No)
8. Diary of pain and suffering? (Yes or No)
9. Keep track of out-of-pocket losses? (Yes or No)
10. Preserve all physical evidence (instrumentalities, shoes, clothes, pill bottles, casts, etc.)_____
11. List Defendant's age and restrictions prominently on file jacket, if defendant is very young/old, or if restricted_____
12. If Defendant/Driver did not own vehicle, list owner as additional defendant and order driver's abstract to demonstrate negligence entrustment by owner.
13. List Threshold on Jacket.

Attorney Notes: