

PERSONAL INJURY INTERVIEW REPORT

DOWNTOWN L.A. LAW GROUP

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A. INFORMATION ABOUT CLIENT

- 1. Your full name (first) (middle) (last)
2. Street City State Zip Code
3. Home Phone Work Phone
4. Birthdate Age Birthplace
5. Social Security #:
6. Driver's License #: State

B. FACTS OF THE ACCIDENT

Please furnish all of the details regarding the accident that you can remember. Be as specific as you can with regard to distance, location of objects and other facts which pertain to your accident.

- 1. Date Day Time
2. Weather (be specific)
3. Describe the exact location where this accident occurred. If this is an automobile case, please furnish the names of the streets or highways and describe how far the same are to the nearest city.

Blank lines for describing the accident location.

- 4. In the space below, please draw an illustration or diagram of the location of the accident and how it happened. Be sure to label the drawing of any object or persons.

North

See police report diagram

C. DRIVERS AND OWNERS OF VEHICLES INVOLVED IN ACCIDENT

1. List the driver and owner of each vehicle involved:

VEHICLE:

Driver _____

Address _____

Phone _____

Owner _____

Address _____

Phone _____

OTHER VEHICLE:

Driver _____

Address _____

Phone _____

Owner _____

Address _____

Phone _____

OTHER VEHICLE:

Driver _____

Address _____

Phone _____

Owner _____

Address _____

Phone _____

2. Please state the name, address and telephone number of each passenger in your vehicle:

Passenger _____

Address _____

Phone _____

Passenger _____

Address _____

Phone _____

D. CLIENT'S AUTOMOBILE INSURANCE

1. Did you have auto insurance at the time of the accident? _____

If so, please furnish the following information:

- a. Name of Company: _____
- b. Policy Number: _____
- c. Coverage: _____
- d. Liability Limits: _____
- e. UIM Limits & Coverage: _____
- f. PIP or Med Pay: _____

2. Was the adjuster for your own insurance company contacted? _____

If the answer is yes, give us the name, address and telephone number of the adjuster and the date you contacted the adjuster.

3. Do you have health or accident insurance? _____

If the answer is yes, give us the name of the insurance company, address, telephone number, group number and indicate if they have paid any of your medical bills.

E. OTHER PARTY'S INSURANCE COVERAGE

OTHER VEHICLE INVOLVED:

1. The name of the other party's insurance company:

2. The address, telephone number, policy number and claim number of the other party's insurance company:

3. The name of the adjuster: _____

4. Have you given any recorded or written statement to the adjuster? _____ If the answer is yes, please state the type of statement you gave and the date such statement was given.
5. _____
6. Has a copy of the transcribed statement been sent to you? _____
If the answer is yes, when? _____

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F. WITNESSES TO THE ACCIDENT AND INVESTIGATION

1. Do you know of any witnesses who saw the accident, came to the place of the accident after it happened, or who may have any information at all about the accident? _____

If so, please give the following information: *(If you need more room, use the reverse side of this sheet.)*

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

2. Was this accident investigated by (*check one*): City Police _____ State Patrol _____ Sheriff _____
No police investigation _____

3. If this accident was investigated by the police, please furnish us the name of the officer and badge number if known.

4. Were any tickets given by the police to anyone in connection with this accident? _____

If so, please furnish the following information:

a. Name of person receiving ticket: _____

b. Nature of ticket given: _____

c. What was done about it:

5. Do you know of anyone who might have any photographs, diagrams or other similar evidence regarding the accident or the scene of the accident, or any other facts about this accident? _____

If so, please provide the following information:

Name: _____

Address: _____

Information they have:

Name: _____

Address: _____

Information they have:

Name: _____

Address: _____

Information they have:

G. INJURIES

1. Please describe in detail all of the injuries you received in this motor vehicle collision:

2. Have you ever had previous injuries to these areas?

If so, please explain:

3. If you were examined at a hospital after the accident, please state the name and address of the hospital and the date you were examined or treated:

Hospital _____

Address _____

Dates of examination or treatment _____

4. Please list the name, address and telephone number of each doctor or health care practitioner who has treated you for your injuries since the motor vehicle accident:

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

H. WORK BACKGROUND

1. Are you presently employed? _____ If so, please indicate:

a. Name of Employer: _____

b. Address: _____

c. Phone: _____

d. Job Title and Duties: _____

e. How long have you been employed? _____

f. What is your rate of pay? Monthly _____ Hourly _____

g. How many hours per week do you work? _____

h. What was your gross income for the last 12 months? _____

i. Did you miss any work due to this incident? _____

If so, please indicate the amount of time you missed.

2. Have you changed your employer or the nature of your work since the date of the accident? _____

If so, please explain fully the reason for termination or change of work.

I. LAY WITNESSES

1. Please furnish the name of anyone who may know about your injuries. This would include members of your family, neighbors, friends, anyone who may know about your injuries or how they have affected you or what effect they may have had on your hobbies, activities, or physical condition in general. (Use reverse side of this sheet if necessary.)

Name _____

Address _____

Phone _____

What do they know?

Name _____

Address _____

Phone _____

What do they know?

Name _____

Address _____

Phone _____

What do they know?

