



PERSONAL INJURY QUESTIONNAIRE

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Birth Date: _____ Sex: M F S/S#: _____

Employer's Name: _____

Employer's Address: _____

Auto Insurance Company: _____

Policy #: _____ Agent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name on Policy (if other than self): _____

Responsible Party's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Attorney

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Were there any witnesses? YES NO

Name: _____

Nature of Accident

1. Date of accident: _____ Time of day: _____

2. Were you: Driver Passenger Front Seat Back Seat

3. Number of people in your vehicle: _____

Were you wearing seat belts? YES NO

4. What direction were you headed? North South East West

On (Name of street): _____

4. What direction was the other vehicle headed? North South East West

On (Name of street): _____

6. Were you struck from: Behind Front Left side Right side

7. Approximate speed of you vehicle: _____ mph Other car: _____ mph

8. Were you knocked unconscious? YES NO

9. Were police notified? YES NO

10. In your own words, please describe the accident: _____

11. Did you have any physical complaints before the accident? YES NO

If yes, please describe in detail: _____

