

AUTO ACCIDENT INFORMATION

Name: _____

Today's Date ___/___/___

ACCIDENT DETAILS:

Date of Accident ___/___/___ Time: _____ AM PM City where accident happened: _____ State _____

Location of Accident: _____

Were you a Driver Passenger Pedestrian

Were you struck from Behind Right Side Left Side Front

Were you looking straight head, to the left or right Straight Ahead To the Left To the Right

Was your vehicle stopped to make a turn stopped for a traffic signal parked moving at time of impact

Other: _____

Did your body strike anything in the car? Yes No Describe: _____

Were you wearing a seatbelt? Yes No

Describe in detail how the accident occurred: _____

Were you rendered unconscious as a result of the collision? Yes No

Were you taken to the hospital after the accident? Yes No By ambulance or private car? _____

Were you taken to the hospital *immediately* after the accident? Yes No

If not, how much time had elapsed before you went to the hospital? _____

Which hospital were you taken to? Rex Wake Other: _____

Have you been x-rayed since the accident? Yes No If so, where? _____

Have you lost any days of work as a result of the accident? Yes No If yes, how many days _____

Have you ever been in a previous auto accident? Describe all instances, giving approximate dates of accidents, as well as the injuries sustained.

Date	Injuries Sustained
___/___/___	_____
___/___/___	_____
___/___/___	_____

OVER

Information about the Parties to the Accident

Did a police officer write up a police report on the accident? Yes No

If yes, what police department wrote up the report? Raleigh Other City/Town _____

Do you have a copy of the police report? Yes No (if yes, please provide our office a copy of this report)

Was a ticket or citation issued by a police officer as a result of the accident? Yes No

Who received the ticket or citation? _____

Do you have any "courtesy slips" or other information concerning the other parties involved in the accident?

Yes No (if yes, please provide our office a copy of this information)

Did the accident involve a *hit-and-run* driver? Yes No

Are you licensed to drive? Yes No (please provide our office with a copy of your license)

Is the car which you normally drive properly registered? Yes No (please provide copy of registration)

Other: _____

Were you in your own vehicle or someone else's at the time of the accident? Check one of the following:

my own vehicle my spouse's my parent's a friend's other: _____

If you were in someone else's vehicle, answer the following:

Name of Owner: _____

Address of Owner: _____

Was there any property damage to either of the vehicles as a result of the accident? Check one of the following:

both vehicles the other person's vehicle the vehicle I was in Neither vehicle was damaged

Your Auto Insurance Company (at the time of the accident): _____ Phone/City _____

Agent: _____ Phone/City _____

Have you been contacted by an adjuster from the other party's insurance company regarding this claim? Yes No

Name of adjuster: _____ Company: _____

Phone: _____

Check all that apply: I have settled my personal injury claim with this company

I have settled the property damage claim

I have signed an agreement which will pay my medical expenses for a period of time

Explain: _____

I have not signed any agreement, nor settled any portion of this claim

Are you currently represented by an attorney? Yes No If NO, do you wish to retain an attorney Yes No

Name of attorney: _____ Phone: _____