

Personal Injury Questionnaire

Please give full and complete answers to the best of your ability. These facts are used to report for your attorney, etc. It is the best source we have for accurate information.

Name _____ Today's Date: _____
Address _____ Phone# () _____

Age _____ Birthday _____ Sex _____ SS# _____

Your Health Insurance company: _____

Your Ins. Co. _____ Agent's Name _____

Agent's Address _____ Phone(_____) _____

City, State, Zip _____ Policy# _____

RESPONSIBLE PARTY (PARTY AT FAULT)

Party's Name _____ Address _____

City, State, Zip _____ Phone(_____) _____

Insurance Co _____ Agent's Name _____

Agent's Address _____ Phone(_____) _____

City, State, Zip _____ Policy# _____

Attorney Name _____ Phone(_____) _____

Address _____ City _____ State _____

Were there Witnesses? _____ Name(s) _____

Date of Accident _____ Time of Day _____ Number in Vehicle _____

Do you have a copy of the police report? _____

Please describe the accident _____

Please describe any complaints since your accident _____
