Auto Accident Questionnaire

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Name: | | | | | | | SS#: | | | | | | | | | | | | DOB: | | | | | | | |
| What part(s) of your body did you injure? | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| What **date** did your injury occur? (Be as specific as possible) | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Where** did your accident/injury occur? (Be as specific as possible) | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you retained an attorney? | | | Yes | | | | | | | No | | | | | | | | | | | | | | | | |
| If YES, please provide us with your attorney’s information: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attorney’s Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone #: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Auto Accident** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did your injury arise from an auto accident? | | | | Yes | | No | | |  | | | | | | |  | |  | | |  | |  | | | |
| Does anyone else in your home own a car? | | | | Yes | | No | | | Do you own any other cars? | | | | | | | | | | | Yes | | | | No | | |
| Did the police come to the accident? | | | | Yes | | No | | |  | | | | | | | | | | |  | |  | | |  | |
| Did the police write a report? | | | | Yes | | No | | | N/A | | | | | | | | | | | | | | | | | |
| Do you have a copy of the report? | | | | Yes | | No | | | N/A | | | | | If yes, please provide us with a copy. | | | | | | | | | | | | |
| Did you receive a ticket for the accident? | | | | Yes | | No | | | Did the other driver receive a ticket? | | | | | | | | | | | | | Yes | | | | No |
| Is the other driver going to say this accident was your fault? | | | | | | | | Yes | | | | No | | | | | | | | | | | | | | |
| How much property damage was done to your car? | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| What was the name of the other driver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide us with the names, contact information, and claim numbers of all involved insurance companies: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YOUR** Insurance Information | | | | | | | **OTHER PARTY’S** Insurance Information | | | | | | | | | | | | | | | | | | | |
| Insurance Co: |  | | | | | | Insurance Co: | | | | | | | | | |  | | | | | | | | | |
| Address: |  | | | | | | Address: | | | | | | | | | |  | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Telephone #: |  | | | | | | Telephone #: | | | | | | | | | |  | | | | | | | | | |
| Contact Name: |  | | | | | | Contact Name: | | | | | | | | | |  | | | | | | | | | |
| Claim #: |  | | | | | | Claim #: | | | | | | | | | |  | | | | | | | | | |
| Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |