

PERSONAL INJURY INTERVIEW SHEET

NAME: _____ DATE OF INJURY: _____

Check one: Driver _____ Passenger _____ Pedestrian _____

ADDRESS: _____
Street City State Zip Code

PHONE: _____
Home Mobile Work

EMAIL: _____ DATE OF BIRTH: _____

AUTOMOBILE: _____ OWNER: _____
Year and Make If different from you

YOUR AUTO INSURANCE CO.: _____
Agent

_____ *Address Phone*

AUTOMOBILE DAMAGE (Amount and description): _____

POLICE DEPT. AT SCENE: _____

CITATION: _____

DESCRIBE ACCIDENT (Include location, county, origin, time and destination): _____

INJURIES (Describe all parts of the body hurt, all pain and discomfort at time of accident, including impact in car): _____

YOUR HEALTH INSURANCE CO. (Private/State): _____

MEDICAL CARE SOUGHT (Name of ER, hospital, doctors, hospitalization. Give names, addresses and dates of treatment): _____

DEFENDANT INFORMATION:

NAME: _____

PHONE: _____

ADDRESS: _____
Street City State Zip Code

DEFENDANT'S INSURANCE CO.: _____
