

PERSONAL INJURY INITIAL CLIENT INTERVIEW CHECKLIST

1. Name _____

2. Address _____

3. CLAIM # _____

4. Insurance company of the liable party: _____

5. Adjuster: _____

Telephone of Adjuster: _____

6. Date of accident: _____

7. Time of accident: _____

8. Date of birth _____

9. Social Security number _____

10. Marital status and family _____

11. Employment (employer, title and job responsibilities) _____

12. Salary: _____

13. Location of accident _____

14. Time of accident _____

15. Weather conditions _____

16. Physical description of accident scene (including pertinent landmarks):

17. Name of the other driver: _____
18. Address: _____
19. Telephone number _____
20. Driving license # _____
20. His/ Her car information
- Vehicle Year: _____
- Mark: _____
- Tag # _____
- State: _____
21. His insurance company : _____
22. His policy number: _____
23. Approximate speed and direction of travel for each vehicle _____
24. General narrative of accident (prepare diagram if necessary): _____
24. Location of any damage to involved vehicle _____
25. Damage to other property at the accident scene _____
26. Visibility _____
27. Traffic controls _____
28. Signaling devices _____
29. Skid marks, gouge marks, etc. _____
30. Passengers in defendant's vehicle _____
31. Passengers in plaintiff's vehicle _____
32. Other eyewitnesses _____
33. Investigation by police _____
34. Traffic charges (nature and disposition; specifically, was there a guilty plea?)
35. Plaintiff's statement at the accident scene _____
36. Plaintiff's actions at the accident scene _____
37. Defendant's statements at the accident scene _____

38. Accident scene comments by investigation police officer _____
39. Post-accident communications by anyone, particularly party statements
40. Visible injuries to plaintiff _____
41. Photographs _____
42. Other evidence _____
43. Pre-accident activities of the defendant _____
44. Use of alcohol or other intoxicants _____
45. Prior driving record _____
46. General health and eyesight _____
47. Restrictions on operator's permit _____
48. Evidence of intoxication by plaintiff or plaintiff's driver _____
49. Knowledge of plaintiff in the community _____
50. Observation of plaintiff post-accident _____
51. Familiarity with other witnesses _____
52. Defendant's destination prior to accident _____
53. Existence of written statement, recorded statement or transcribed traffic court testimony
54. Explanation of suit procedure _____
55. Do not discuss suit except with attorney _____
56. What car were you driving: _____
57. What is your insurance _____
58. Do have full coverage _____
59. Do you have health insurance _____
60. Company _____
61. Policy number _____
62. Did you make a claim _____
63. Claim No: _____
64. Did the police come on spot: _____

65. Were you taken to hospital? _____

66. Where _____

67. When were you discharged? _____

68. Are you seeing doctor? _____

69. Name of Doctor _____

70. Address of doctor _____

71. Did the doctor tell you to take rest form work _____

72. How long? _____