

SMITH WELCH WEBB & WHITE, LLC
280 Country Club Drive, Suite 200
Stockbridge, GA 30281
(770) 389-4864 (telephone)
(770) 389-5193 (facsimile)

PERSONAL INJURY INFORMATION

Your Name: _____

Marital status? _____

Date of Accident: _____

Location of Accident: _____

Description of Accident: _____

At the time of the accident, were you: (check all that apply)

- wearing your seatbelt at time of accident?
- using a cell phone or any electronic device?

Did you do anything to contribute to the accident? _____

If so, please explain: _____

Did you complain of injury at scene of the accident? _____

Were you taken to hospital from scene of accident?

By emergency medical personnel? _____

By family or friend? _____

Date of your first medical treatment after accident: _____

List each medical treatment provider thus far:

Describe your understanding of each of your injuries:

Describe damage to your vehicle:

Do you have photographs of the damage to your vehicle? _____

How many vehicles are in your household? _____ Who insures each of the vehicles?

Did you miss any work due to your injuries and/or treatment? _____
Which dates? _____
Name of employer _____
Location of employer _____

Other than those named in the accident report, who are witnesses to the accident?

Other than yourself and your doctor, who are the best witnesses of the impact your injury has had on your life (i.e., your complaints of pain, missed activities, etc.)?

Do you have health insurance? Y ___ N ___. If yes,
Who is the provider? _____
What is the policy number? _____
What is the group number? _____

If you have Medicare, Medicaid, or some other form of government-provided health care coverage:
What is your identification number? _____

Prior to this accident, have you ever been in:

A motor vehicle collision?	_____	When?	_____
A trip-and-fall accident?	_____	When?	_____
Any other accident?	_____	When?	_____

If you answered "yes" to the question above, please describe the accident in which you have been previously involved. _____

Prior to this accident, have you ever complained of injuries similar to the injuries you have suffered as a result of this accident? _____

If you answered "yes" to the question above, please describe your earlier injuries you believe are similar to the injuries you have suffered as a result of this accident. _____

ATTORNEY NOTES

Other causes of action:

Worker's Comp	—
Product Liability	—
Tire/Equipment Defect	—
Roadway Defect	—

Notice issues:

County Agency	—
Municipal Agency	—
State Agency	—

Other issues: