

C. WITNESSES

Police Officer/Agency: _____

Other witnesses' names, addresses: _____

D. INJURIES

Initial injuries received: _____

Present medical condition/problems: _____

Previous accidents/injuries/L&I claims: _____

E. MEDICAL TREATMENT

Emergency room: _____ When: _____

Initial hospital: _____ Other hospital: _____

Treating doctor: _____

Consulting doctors: _____

Family physician: _____ Years? _____

Physical therapy: _____ How often? _____

Chiropractor: _____

Medications: _____

Diagnostic x-rays/tests: _____

Pharmacy used: _____

F. INSURANCE

1. **Liability Insurance:** _____

Address: _____

Phone: (_____) _____ Adjuster: _____

Their insured: _____ Claim number: _____

Policy limits: _____

2. **PIP/UIM Insurance Coverage:** _____

Address: _____

Phone: (_____) _____ Adjuster: _____

Their insured: _____ Claim number: _____

PIP limits: _____ PIP coverage: _____
Year(s) Date Ends

UIM limits: _____

3. **Private Medical Insurance:** _____

Address: _____

Phone: (_____) _____ Adjuster: _____

Their Insured: _____ Claim Number: _____

G. STATEMENTS

Have you given anyone a signed or recorded statement? Yes No

If so, to whom? _____

H. EMPLOYMENT

Employer's Name and Address: _____

Supervisor: _____ Position/Title: _____

Rate of Pay: \$ _____ How long employed: _____

Have you missed any work? Yes No If so, how many hours? _____

Is additional time loss anticipated? Yes No Explain: _____

I. DOMESTIC/CHORE SERVICES

Are you presently using services? Yes No

If so, from whom, when, for what service, rate of pay, time needed: _____

J. PROPERTY DAMAGE/CAR RENTAL/LOSS OF USE

Vehicle: _____ License No.: _____

Damage/Estimate: _____

Paid: _____ Date of Payment: _____

Where stored: _____

Are storage charges accumulating? Yes No Rate: _____

Rental vehicle used? Yes No Dates of rental use: _____

Rental Agency: _____

Vehicle totaled? Yes No If not, what is the cost of repair? \$ _____

If totaled: FMV \$ _____ Explanation: _____

If totaled, do you want to keep vehicle? Yes No

Deductible: _____

K. SETTLEMENT OFFER

Yes No If yes, how much? _____

DISCLAIMER

The information presented on this form is not intended to be legal advice regarding your specific situation and is not intended to replace the work or advice of an attorney. Accessing this form through the WALSTEAD MERTSCHING PS website (www.walstead.com) does not create either an expressed or implied attorney-client relationship. Any disclosure of confidential information is not protected and may be detrimental to you if we already have an existing attorney-client relationship with a party who may be adverse to you.

By submitting this form, you agree that no information disclosed by you shall prohibit WALSTEAD MERTSCHING PS or its individual attorneys from representing a different client in this matter.

I ACKNOWLEDGE AND UNDERSTAND THE DISCLAIMER STATED ABOVE.

DATE: _____

SIGNATURE: _____