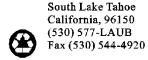


A Professional Corporation

PERSONAL INJURY WORKERS COMPENSATION CRIMINAL DEFENSE BANKRUPTCY

Name:		Date:
Mailing Address:		
		Cell Ph ()
Email Address:		Emergency Ph ()
Date of Birth:		SSN#
Circle One: Married / S	Single / Minor Spouse's Nam	e
If Minor: Name / Phon	e # of parent if different from	above
		Were you wearing a seat belt Y / N
Referred to our office l	oy:	
	EMPLOYMENT IN	FORMATION
Employer:		
		le:
Time loss from work to	o date (if any)	
Rate of pay:		
П	IΧΙ	



1148 Ski Run Blvd.

711 S. Carson St., Suite 2 Carson City Nevada, 89701 (775) 883-LAUB Fax (775) 883-1527

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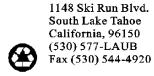


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PERSONAL INJURY WORKERS COMPENSATION CRIMINAL DEFENSE BANKRUPTCY

ACCIDENT INFORMATION

Accident: Circle: rear end / nead on / 1-bone / side swipe						
Other:						
Day of the week	Time	a.m./p.m. City	State			
Road conditions:		Traffic controls:				
Street you were traveling:		Direction:				
Street of car causing accident:		Direction:				
Speed you were traveling:		mph Speed of other car:	mph			
Any alcohol or drugs taken by yo	ou within 12 ho	urs before the accident::				
If you were the driver, did you ha	ave any passens	gers: Y / N If yes:				
Name		Phone				
Name		Phone				
Name		Phone				
	POLICI	E REPORT				
Were the police present at the sco						
Were the police present at the scene: Y / N Name of agency						



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LAW FIRM OF LAUB & LAUB

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INSURANCE INFORMATION

Regarding the vehicle you were in, please circle: were you the driver / passenger in own / someone else's vehicle? Your insurance company name: Phone Molicy# Adjuster Med. Pay amount \$ Uninsured/Underinsured amount Property damage amount \$ Photo taken? Y / N By whom? Where is your car now? NAME OF PERSON CAUSING THE ACCIDENT AND THEIR INSURANCE. IF KNOWN: VEHICLE OWNER'S INSURANCE (IF NOT YOUR OWN VEHICLE) DO YOU HAVE HEALTH INSURANCE? Y / N Name of company: ______ (provide copy of your ID card) DO YOU HAVE SUPPLEMENTAL HEALTH INSURANCE? Y / N Name of company: (provide copy of your ID card) Have you ever filed any prior Insurance claims (auto, workers comp, disability, etc.)? Y / N If yes, please explain and when:

Truckee California, 96161

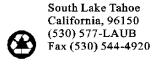
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If NO police present at the	ne scene? Y / N If yes:	:	
Name		Phone	
Address		City	
Name		Phone	
Address		City	
	YOUR I	NJURIES	
List all parts of your bod (example: neck with share			
Please circle: right / left l	nanded		
	-	at required medical treatment: Y / N treating physicians, current condition:	
	X		



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PERSONAL INJURY WORKERS COMPENSATION CRIMINAL DEFENSE BANKRUPTCY

YOUR MEDICAL PROVIDERS FOR CURRENT ACCIDENT

NAME (DOCTOR, HOSPITAL, ETC)	PHONE
1	
2	
3	
4	
5	
Ambulance? Y / N If yes, name of ambulance/fire of	
Transported where:	
Care flight? Y / N If yes, name of company:	
BELOW FOR ATTORNEY USE ONLY: INVEST	
Pictures of: Injuries PD Accident so	cene 3 PD estimates
Keep doctor appointments Keep brief diary _	Maintain records/receipts
Copy of Dec. Page Witness Statements Imme	diately Accident report
Other:	

1148 Ski Run Blvd. South Lake Tahoe California, 96150 (530) 577-LAUB Fax (530) 544-4920

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