

WALTER LAW OFFICE, PLLC
INJURY QUESTIONNAIRE

Date of Injury:

Date of Interview:

PERSONAL INFORMATION

Name:

Home Phone:

Address:

Cell Phone:

City/State/Zip:

Email:

Social Security No.: xxx-xx-

Driver's License No.:

Date of Birth:

Married/Single:

Emergency Contact:

Contact's Relationship:

Contact's Address:

Contact's Phone:

ACCIDENT FACTS

City and County where accident occurred:

Date/Time/Location of accident:

Investigating Police Department:

Accident Report No.:

Any citations issued to either party:

Were you a driver or passenger?

Did you have any passenger(s) Yes / No

Passenger Names:

Was other driver working at time of accident? Yes / No

Were you working at time of accident? Yes / No

Witness Name:

Phone:

Describe how accident happened:

EMPLOYMENT/LOST WAGE INFORMATION

Employer:

Job Title:

Address:

Date of Hire:

City/State/Zip:

Phone:

Work dates/hours missed:

Vacation/Personal/Sick Leave used:

I was working ___ hours per day; ___ days per week;
at the rate of \$_____ per hour/day/week/month

INJURIES

Did you go to a Hospital? Yes / No

By ambulance? Yes / No

Hospital Name:

Date of Visit:

Describe your injuries:

Have you ever injured, or received medical treatment,
for these parts of your body before? Yes / No

List all doctors/dates you have seen since the accident:

AT FAULT PARTY INFORMATION

At Fault Driver's Name:

Phone:

At Fault Vehicle Owner's Name:

Phone:

Liability Insurance Co.:

Policy or Claim No.:

Adjuster's Name:

Adjuster's Phone:

YOUR INSURANCE INFORMATION

Your care insurance co.:

Policy No.:

Agent or Adjuster Name:

Phone:

Do you have Personal Injury Protection (PIP) coverage? Yes / No
Amount: \$

Do you have uninsured/underinsured (UM/UIM) coverage? Yes / No
Amount: \$

Do you have health insurance?: Yes / No Policy No.:

Were you covered by Workers' Compensation?: Yes / No

Are you covered by Medicare/Medicaid?: Yes / No Policy No.:

MISCELLANEOUS

How did you hear about our firm?

Website / Referral Service / Doctor / Friend / Other

Name (if it applies):