

**PERSONAL INJURY INFORMATION SHEET**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Time of Accident:** \_\_\_\_\_

**Location of Accident:** \_\_\_\_\_

**Were you driving? (Check One)**  yes  no

**If you were not driving, please list driver's name:** \_\_\_\_\_

**If you were driving, please list all passengers:** \_\_\_\_\_

**Do you have car insurance?**  yes  no

**Name of Insurance Company:** \_\_\_\_\_

**What Injuries Did You Suffer? (Please be specific):** \_\_\_\_\_

\_\_\_\_\_

**Did you go to the Emergency Room?**  yes  no **Which One?** \_\_\_\_\_

**Have you seen any doctors since the accident?**  yes  no

**Which doctors have you seen since the accident?** \_\_\_\_\_

**Who responded to the accident?**  state police  sheriff  city police  other

**Road Conditions at Time of Accident:** \_\_\_\_\_

**Your Speed at the Time of Accident:** \_\_\_\_\_

**How many other cars were involved?** \_\_\_\_\_

**Describe the Accident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please draw a diagram of the accident in the box below:**