Brandenburg & Associates Co., LPA

PERSONAL INJURY INTERVIEW WORKSHEET

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CONFIDENTIAL

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_____
Client

_____
Date

injury.21.doc

1. **DATE OF ACCIDENT:** _____ _____ _____

Month Day Year

2. **STATUTE OF LIMITATIONS:** _____ _____ _____
Month Day Year

3. **CLIENT INFORMATION:**

Full Name: _____

SSN: _____ D.O.B. _____ Age: _____

Spouse's Full Name: _____

Address: _____

_____

_____

Home Phone: _____

Work Phone: _____

4. **DEFENDANT INFORMATION:**

Name: _____

SSN: _____ D.O.B. _____

Address: _____

_____

_____

Phone No: _____

5. **ACCIDENT DETAILS:**

Location of accident (as to intersections or fixed objects):

_____

_____

Brief Description of Accident:

_____

_____

_____

_____

_____

City: _____ County: _____

Time: _____Weather Conditions: _____

Witnesses to the accident (in your car, the other car, bystanders, etc):

_____

_____

.

Was anyone cited by the police? _____
If so, what charge? _____
_____

Have you given a statement to either the investigating police officer or to an insurance representative? _____
If so, do you remember who? _____.

6. **INSURANCE INFORMATION:**

Tort-feasor's Insurer: _____

_____

_____

Coverages: _____

_____

_____

Adjuster: _____

Claim Number: _____

Phone Number: _____

Fax Number: _____

Client's Insurer: _____

_____

_____

Coverages: Medical Payments _____
(Is there a double med pay endorsement for seat belt usage?)

UM/UIM _____

Liability Limits _____
(To see if it's higher than UM/UIM. If so, was the UM/UIM reduction properly done "knowingly and intelligently made?")

Collision Deductible _____

Adjuster: _____

Claim Number: _____

Phone Number: _____

Fax Number: _____

7. **PROPERTY DAMAGE INFORMATION:**

Was vehicle damaged? _____

If so, what parts? _____
_____

Who is the titled owner of car? _____

Make, Model and Year of Car: _____.

Estimates to repair/FMV of car: _____

Rental/Tow expenses: _____

Property Damage Settled? _____

Do you have photos of the car damage? _____

8. **SPECIAL DAMAGES** (crutches, damage to clothes, watches, care of children, paying someone to do chores around the house):

_____

_____

_____

9. **PAIN & SUFFERING INFORMATION**

a. Description of frequency of pain _____

_____

b. Description of severity of pain _____

_____

c. Description of duration of pain _____

_____

d. Describe what circumstances intensify pain _____

_____

e. Describe what circumstances lessen pain _____

_____

f. Describe any medication you are taking to lessen pain _____

_____

g. Describe how you feel about your pain _____

_____

h. Describe what ways your pain limits your activities relation to:

(i) work _____

(ii) hobbies _____

(iii) family activities _____

(iv) household chores _____

i. Describe all parts of your body in which the pain now manifests itself _____

_____

j. Describe all parts of your body in which the pain first occurred _____

_____

k. Describe whether the pain is localized or whether it occurs in different parts of the body _____

l. If it is not localized, explain what circumstances/events causes it to change ___

_____

m. Describe any other symptoms associated with the pain (irritability, nausea, headache, stress, inability to move body parts, insomnia, etc) _____

_____

n. Has anyone explained the cause of your pain to you? If so, what was said and by whom? _____

_____

o. Explain everything you are doing to cope with your pain _____

_____

p. Any permanent injuries? _____

_____

10. **MEDICAL INFORMATION:**

Medical Reports from treating physicians:

_____ 1. _____

_____ 2. _____

_____ 3. _____

_____ 4. _____

_____ 5. _____

Hospital Records from:

_____ 1. _____

_____ 2. _____

_____ 3. _____

Reports from experts other than treating physicians:

_____ 1. _____

_____ 2. _____

11. **OTHER ACCIDENTS AND INJURIES:**

PLACE	DATE	NATURE OF ACCIDENT OR INJURY	EXTENT OF INJURY

_____

_____

_____

12. **WAGE LOSS INFORMATION:**

Were you employed at the time of this accident? _____
If so, what is the name and address of your employer?

_____

_____

_____

What was your job title?

_____

What type of work does this job entail?

_____

What is your rate of pay?

_____

How many hours per week were you working regularly immediately prior to the accident? _____

How long have you been employed there?

_____

Have you missed any work as a result of your injury? _____

If so, list the inclusive dates you were unable to work:

From: _____ To: _____
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

Did you before this accident lose time from work due to an injury?

_____

13. **FACT-FINDING INFORMATION:**

_____ Contingency Contract
_____ Letter of Representation to Tort-Feasor Ins. Co.
_____ Letter to Client's Ins. Co. RE: Med Pay
_____ Signed Employment Authorizations
_____ Signed Medical Authorizations
_____ Accident Report

TO DO LIST

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

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22. _____

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24. _____

25. _____