

**PERSONAL INJURY QUESTIONNAIRE  
THE HAMEROFF LAW FIRM, P.C.**

**Date:** \_\_\_\_\_ **Attorney:** **David E. Hameroff:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Kyra Padden Holtzman:** \_\_\_\_\_

**Statute of Limitation** \_\_\_\_\_ **File Number:** \_\_\_\_\_

**(PI/ICA/Government Entity)**

**GENERAL INFORMATION**

**Client Name:** \_\_\_\_\_

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

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

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mobile/Pager:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **Spouse's Date of Birth:** \_\_\_\_\_

**Spouse's Social Security #:** \_\_\_\_\_

How were you referred to our law firm (check all that apply):

**Friend/Relative:** \_\_\_\_\_ **Whom:** \_\_\_\_\_

**Yellow Page:** \_\_\_\_\_ **Which Book:** \_\_\_\_\_

**Radio:** \_\_\_\_\_ **Television:** \_\_\_\_\_

**Newspaper:** \_\_\_\_\_ **Website:** \_\_\_\_\_

Have you seen another attorney regarding this matter? If yes, whom? \_\_\_\_\_

Other than the other driver, who else in your vehicle was involved in this accident?: \_\_\_\_\_

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**DESCRIPTION OF THE ACCIDENT**  
**(IF YOU HAVE THE POLICE REPORT, PLEASE ATTACH IT TO THIS QUESTIONNAIRE)**

Time of Accident: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

Location: \_\_\_\_\_

Were you wearing your seat belt?    YES    NO

Please give, in your own words, a description of the accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was called to the scene of the accident:

Tucson Police Department: \_\_\_\_\_ Pima County Sheriff: \_\_\_\_\_ Dept of Public Safety: \_\_\_\_\_

Nogales Police Department: \_\_\_\_\_ Other: \_\_\_\_\_

Name, address and telephone number of witnesses to the collision:

(Are all these people listed on the police report?):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Citation/Ticket issued to whom and for what:

Were photographs taken of your car? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Were photographs taken of the other car? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

## YOUR INJURIES

Describe your injuries, symptoms at the time of the accident:

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State which ambulance company transported you to the hospital: \_\_\_\_\_

Please state which hospital, dates and treatment received: \_\_\_\_\_

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Were you treated at Urgent Care or Emergency Room (Circle One)

What are your present/current complaints: \_\_\_\_\_

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Any bruising? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Were any pictures taken of you or of your bruises? \_\_\_\_\_

Who referred you to your treating doctor? \_\_\_\_\_

Names of all doctors, chiropractors, physical therapists seen regarding injuries sustained in this accident:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

If you have prescriptions for medications filled, what pharmacy do you go to? \_\_\_\_\_

Location of pharmacy: \_\_\_\_\_

What medications are you currently taking as a result of this accident: \_\_\_\_\_

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Have you been involved in prior accident(s)? \_\_\_\_\_ If so, date and brief description of accident: \_\_\_\_\_

Do you have medical insurance?    Yes        No            If so, please state name and address of your healthcare insurance: \_\_\_\_\_

Do you have your health insurance card?                    Yes            No

### **YOUR VEHICLE**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License #: \_\_\_\_\_ Registered Owner: \_\_\_\_\_

Where is the vehicle now? \_\_\_\_\_

Describe damage to your vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated property damage to your vehicle? \_\_\_\_\_

Do you have an estimate from any repair shop?    Yes            No

If yes, what shop is it from and what is the amount of the estimate? \_\_\_\_\_  
(Attach copy of estimate to this questionnaire)

### **YOUR AUTOMOBILE INSURANCE**

Name of Your Auto Insurance Company: \_\_\_\_\_

Name of Your Agent (if known): \_\_\_\_\_

Name of Insured on the Automobile: \_\_\_\_\_

Coverage: (If you have any category, list amount of coverage.)

Liability \_\_\_\_\_

Collision \_\_\_\_\_

Underinsured coverage \_\_\_\_\_

Uninsured Motorist \_\_\_\_\_

Comprehensive \_\_\_\_\_

Medical Payment \_\_\_\_\_

Rental Reimbursement \_\_\_\_\_

Towing \_\_\_\_\_

Are you a member of any auto/travel club? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

## OTHER DRIVER

Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Was the driver of the other vehicle also the owner, (if you know)?      Yes      No

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License #: \_\_\_\_\_

Other Driver's Insurance Company:

Adjuster: \_\_\_\_\_ Claim #: \_\_\_\_\_

Phone: \_\_\_\_\_ Coverage: \_\_\_\_\_

Have you spoken to the other driver's insurance company?      Yes      No

Did you give a taped statement to the adjuster?      Yes      No

If yes, state the name of the person you spoke with and the date: \_\_\_\_\_

# YOUR EMPLOYMENT

Current Employer: \_\_\_\_\_

If different from date of accident, please advise.

Current work address and telephone number: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Job Title or position: \_\_\_\_\_

Wage: \_\_\_\_\_

Rate of Pay: Hourly, weekly, monthly?

\_\_\_\_\_

Hours per week normally worked by you?

\_\_\_\_\_

Year and month you first commenced employment:

\_\_\_\_\_

Total time lost from work since the accident, including time off for doctors' appointments, (sick leave or vacation benefits used: Please list time lost by dates: (example) June 6, - 8 hours; June 7, - 4.5 hours)

\_\_\_\_\_

\_\_\_\_\_

Date you returned to work following accident (even if you didn't return full-time): \_\_\_\_\_

## OTHER INFORMATION

Have you been involved in prior accidents or worker's compensation claims? \_\_\_\_\_

If so, Date of Incident: \_\_\_\_\_ Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you lived in Tucson? \_\_\_\_\_

Names of Children:

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Ages of Children:

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**NOTES**

# DIAGRAM OF ACCIDENT SCENE

NAME OF EAST/WEST STREET: \_\_\_\_\_

NAME OF NORTH/SOUTH STREET: \_\_\_\_\_

- KEY: \* PLEASE DRAW YOUR VEHICLE AND IDENTIFY IT AS NO. 1  
\* DRAW ALL OTHER VEHICLES INVOLVED AND IDENTIFY AS VEHICLE NO.2, 3, ETC.  
\* INDICATE WITNESS' VEHICLE WITH AN "X"

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