

**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?: _____

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:

State which ambulance company transported you to the hospital: _____

Please state which hospital, dates and treatment received: _____

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

What are your present/current complaints: _____

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: _____

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 _____	Comprehensive _____
Collision _____	Medical Payment _____
Underinsured coverage _____	Rental Reimbursement _____
Uninsured Motorist _____	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:

Ages of Children:

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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