SAM LAW OFFICE, llc

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Email completed form to larry@samlaw.info

SOL: _____

AUTOMOBILE ACCIDENT FACT SHEET

Date Completed: _____

Background Information

Name: _____
Other names known by: _____
Address: _____
City, State, Zip: _____
Telephone: Home: _____ Work: _____
Mobile: _____
Email: _____
Date of birth: _____ Social Security #: _____
Driver's license number: _____
Marital status: _____
Spouse's name: _____

Employer: _____
Address: _____
Job Title: _____ How long employed? _____
Name of Supervisor:_____ Telephone: _____
Your last date worked before illness or injury: _____
Rate of Pay: _____ per _____
Date returned to work: _____
What was your total income for the most recent IRS filing: Total Income:_____
Year: ____
Did you miss work time or other benefits or income earning potential because of your Accident: Yes [ ] No [ ].
How much work time did you miss due to the accident: _____

List every claim or lawsuit in which you have been involved in any way. Include approximate year and parties involved, reasons and results.

_____
_____
_____

Have you ever been arrested? _____
If yes, please provide the following information:

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www.samlaw4you.com

Date: _____ Charge: _____

Have you ever been convicted of a crime? Yes [ ] No [ ]
If yes, please provide the following information:
Date: _____Charge:_____
Date: _____Charge:_____
Result (fine, penalty, supervision, etc.) _____
_____

Have you ever been charged with a crime of fraud or dishonesty: Yes [ ] No [ ]
Have you ever been convicted of a crime of fraud or dishonesty: Yes [ ] No [ ]

Have you ever filed for bankruptcy: Yes [ ] No [ ]
Which was filed: CH 7 or CH 13 (circle one)
Date of filing: _____ Date of Discharge: _____
Attorney Name: _____ Telephone: _____

Have you ever been represented by another attorney for this Accident: Yes [ ] No [ ]
Attorney Name: _____ Telephone: _____
Address:_____
Did the Attorney withdraw: Yes [ ] No [ ]

Give any other information you feel we should have to represent you effectively in this case:
_____
_____
_____
_____

Automobile Accident
Date of Injury: _____ Time: _____
Location: _____ County: _____
Weather Conditions at time of Accident: _____

Where you the driver/ passenger/ pedestrian/ other (circle one).

If passenger who was driver?
_____

Had you drank any alcoholic beverages at the time of the accident or shortly before: Yes [ ] No [ ]

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Where you talking on your cell phone at the time of the accident: Yes [ ] No [ ]
Did any person at the accident scene appear to be intoxicated: Yes [ ] No [ ]
Name: _____
Did you notice the driver of the other car talking on his/her cell phone before the accident occurred: Yes [ ] No [ ]
Did you speak to anyone at the scene of the accident: Yes [ ] No [ ]
Who did you speak to: _____

Where the police called? _____ Agency: _____
Was fire department called?_____ Agency:_____
Was ambulance called? _____ Agency: _____
List any citations given and to whom: _____
_____

Describe what happened: _____
_____
_____
_____
_____
_____

Do you have a copy of the police report: Yes [ ] No [ ]
Do you have a copy of your medical records relating to the accident: Yes [ ] No [ ]

Do you have photos of your physical injuries: Yes [ ] No [ ]

Draw a diagram of the accident scene:

Are you an insured driver? Yes [ ] No [ ]
Name of your automobile insurance company: _____

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Your Vehicle (Year/make/model) involved in accident:
_____
Plate number: _____
Describe damage to your vehicle: _____
_____
_____
_____
Current Location of your vehicle: _____
Property damage resolved: _____
Were photos taken? _____ Location of photos: _____

Other vehicle involved in accident:
Name of Driver:_____
Auto insurance company: _____
Address: _____
Policy Number: _____ Claim number: _____
Adjuster Name: _____ Phone #:_____
Policy limits: _____

Other vehicle involved in accident:
Name of Driver:_____
Auto insurance company: _____
Address: _____
Policy Number: _____ Claim number: _____
Adjuster Name: _____ Phone #:_____
Policy limits: _____
Are there any witnesses to the accident: Yes [ ] No [ ]
Do you have their names and telephone numbers: Yes [ ] No [ ]
If so please write that information here:
_____
_____
_____

Have you given a statement to any parties' insurance company: Yes [ ] No [ ]
If yes when: _____ and insurer's name: _____

Are you currently working with an auto insurance company to resolve your claim: Yes [ ] No [ ]
If so, What is the name of the person you are working with: _____
Telephone Number:_____
Other Adjuster Names: _____ Phone #:_____
Policy limits, if known: _____

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Were you on the job at the time of the automobile accident: Yes [ ] No [ ]

Name of your health insurance company**:** _____
Address: _____
Policyholder: _____ ID number: _____
Group number: _____ Is Policy through employer/individual

Your Injuries and Damages

Body parts affected: _____
_____

Describe your injury: _____
_____
_____
_____
Is the injury permanent? Yes [ ] No [ ]

Did death or disability result? Yes [ ] No [ ] If yes, please describe: _____
_____
_____
_____

List all **INJURIES** that you received as a result of this accident.
_____
_____
_____
_____

List the names of every **HOSPITAL** you have been seen at since the accident occurred:
_____

List the names and addresses of all **DOCTORS** who have treated you for your injuries.
_____
_____
_____

List the names and addresses of all **PHYSICAL THERAPISTS** who have treated you for your injuries.
_____

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_____
_____
_____

Describe every past injury, accident, including work-related accidents, in which you have ever been involved. (Include date, time, location, type of accident, and injuries.)

_____
_____
_____
_____

List all illnesses or injuries for which you were being treated at the time of the accident.

_____
_____

Other information we need to know regarding the accident:

_____

What questions do you have for the attorney?

_____
_____
_____
_____

When you return this form please attach any related and appropriate documents including any prior court documents.

How did you hear about SAM LAW OFFICE?
☐ **Yellow Pages** ☐ **Dex** ☐ **Google** ☐ **Lawyers.com** ☐ **Our Website** ☐ **Bing/Yahoo Ads**
☐ **Other (Please describe)**_____ ☐ **Referred by:** _____

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