

AUTOMOBILE ACCIDENT QUESTIONNAIRE

Name: _____

Today's Date: ___/___/___

ACCIDENT DETAILS:

Date of Accident: ___/___/___ Time of Day: _____ AM PM Location of Accident: _____

City or town in which accident took place: _____ State: _____

Were you a Driver Passenger Pedestrian Name of Driver (if not you): _____

Were you struck from Behind Right Side Left Side Front

Describe in detail how the accident occurred: _____

Did a police officer write up a police report on the accident? YES NO

Do you have a copy of the police report? YES NO (if yes, please provide our office with a copy of this report)

Do you have any information, including insurance information, concerning the other parties involved in the accident? YES NO

(If yes, please provide our office with a copy of this information)

Are you, yourself, licensed to drive? YES NO (please provide our office with a copy of your license)

Were you in your own vehicle or someone else's at the time of the accident? Check one.

My own vehicle my spouse's my parent's a friend's other

If you were in someone else's vehicle, answer the following:

Name of Owner: _____

Address of Owner: _____

Your Auto Insurance Company (at the time of accident): _____ Phone or City: _____

Agent: _____ Phone or City: _____

Have you been contacted by an adjuster from the other party's insurance company regarding this claim? YES NO

Adjuster: _____ Company: _____ Phone: _____

Are you currently represented by an attorney? YES NO If NO, do you wish to retain an attorney YES NO

Name of Attorney: _____ Phone or City: _____