

# Quintilone & Associates

## PERSONAL INJURY QUESTIONNAIRE

PERSONAL AND CONFIDENTIAL

### **PERSONAL INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### **EMPLOYMENT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

### **PERSONAL INJURIES**

INJURIES: \_\_\_\_\_

PHOTOGRAPHS OF INJURIES? YES \_\_\_ OR NO \_\_\_

IF SO, PLEASE PROVIDE COLOR COPIES.

DID YOU VISIT A DOCTOR/CLINIC? YES \_\_\_ OR NO \_\_\_

NAME OF DOCTOR/CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

LOSS OF EARNINGS: YES \_\_\_ OR NO \_\_\_ HOURLY WAGE: \_\_\_\_\_

PLEASE ESTIMATE AMOUNT:

**FACTS ABOUT THE INCIDENT**

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

FATALITIES: YES \_\_\_ or NO \_\_\_

DESCRIBE INCIDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY PHOTOGRAPHS? YES \_\_\_ or NO \_\_\_

IF SO, PLEASE PROVIDE COLOR COPIES.

**INFORMATION ABOUT THE OTHER PARTY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION (FOR INJURED)**

POLICY NUMBER: \_\_\_\_\_

NAME OF INSURANCE AND/OR AGENT: \_\_\_\_\_



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**WITNESS INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_