

PERSONAL INJURY WORKSHEET

Name: _____

E-Mail Address: _____

Daytime Phone: _____ Evening Phone: _____

Employer/Type of Employment: _____

Your Insurance Company: _____

Other Party's Insurance: _____

Your Health Insurance: _____

Other Medical Benefits: _____

Date of Incident: _____

Time of Incident: _____

Place of Incident: _____

Investigated by: State Troopers ___ Police ___ Other Agency ___ None ___

FACTS: In your own words, describe how the incident occurred:

Time lost from Work to Date: _____

Property Damage:

Transportation Costs, Car Rental, etc.: _____

Any Other Losses: _____

Have you been in any accidents in the past? Yes ___ No ___

If yes, please give the date of the accident. Describe the accident and any injuries.

Have you ever filed a workers compensation claim or other lawsuits? Yes ___ No ___

If yes, please describe: _____
