



**OZERDEN**  

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**LAW FIRM**

**INITIAL PERSONAL INJURY QUESTIONNAIRE  
AUTOMOBILE ACCIDENT**

Date of accident: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Name of injured party: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Work schedule: \_\_\_\_\_



Phone: \_\_\_\_\_

Was the person who caused the accident on the job?

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Did the person who caused the accident have insurance?

Name of insurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Names and addresses of other people involved: \_\_\_\_\_

\_\_\_\_\_

Were any statements taken? \_\_\_\_\_

Who investigated accident? \_\_\_\_\_

Were charges filed and against whom? \_\_\_\_\_

Witnesses: \_\_\_\_\_

\_\_\_\_\_

Were any photographs or video taken? \_\_\_\_\_

Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Medical providers: List all ambulance services, hospitals, and doctors you have used in connection with the accident.

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Medications prescribed:

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Insurance coverage of person who caused accident:

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Insurance coverage of injured party:

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Prior injuries and illnesses:

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List all prior suits and claims you have ever made for personal injury, property damage, workers' compensation, etc. Give details.

Date: \_\_\_\_\_ Nature of claim: \_\_\_\_\_

Against whom: \_\_\_\_\_

Injuries: \_\_\_\_\_

Result: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of claim: \_\_\_\_\_

Against whom: \_\_\_\_\_

Injuries: \_\_\_\_\_

Result: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

Have you ever been charged with a crime? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

Has your driver's license ever been suspended, canceled or revoked? \_\_\_\_\_

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List your education level: \_\_\_\_\_

Do you have any special job training: \_\_\_\_\_

Have you ever been in the military? \_\_\_\_\_

What branch? \_\_\_\_\_

Type of discharge? \_\_\_\_\_

Dates of service: \_\_\_\_\_

27. Marital status: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_