

Standeffer Law, LLC
Automobile Accident Questionnaire
(Please Complete as Much as Possible)

Date: _____

Attorney: _____ Paralegal: _____

Referred By: _____

Firm File No.: _____

Name: _____

Address: _____

SSN: _____

Age: _____ Date of Birth: _____

Employer: _____ How long: _____

Position: _____ Salary: _____

Time Loss: _____

(hours/days/weeks/months)

Home Telephone No. _____ Cell phone No. _____

Work No. _____

Spouse: _____ Employer: _____

Work No.: _____

Driver's License No.: _____ Any Previous Accidents: YES / NO

If so, when: _____

Were you at fault? _____

If so, what was the outcome? _____

Date of Accident: _____ Time: _____ AM / PM

Place: _____

Officer: _____

Do you have your FR-10 Form? (Green form given by officer): YES / NO

Description of Accident: (directions, speeds, weather, signals, lights, traffic, grade, highway, notice): _____

Witnesses: (Names, addresses, phone numbers):

SECTION 2

Unit (Car) #1 Insured by: _____ Policy No. _____

Owner: _____ Address: _____

Driver: _____ Address: _____

Year _____ Make _____ Tag No. _____ State: _____

Mileage on Vehicle: _____

Insurance Coverage:

MedPay or PIP: YES / NO

Comp/Collision Policy Limits: _____ Deductible _____

Passengers:

Property Damage Estimate: \$ _____

List Damage: _____

Unit (Car) #2 Insured by: _____ Policy No. _____

Owner: _____ Address: _____

Driver: _____ Address: _____

Year _____ Make _____ Tag No. _____ State: _____

Mileage on Vehicle: _____

Insurance Coverage:

MedPay or PIP: YES / NO

Comp/Collision Policy Limits: _____ Deductible _____

Passengers:

Property Damage Estimate: \$ _____

List Damage: _____

Your injuries, symptoms, bleeding, pains, etc.

Did you go to the hospital? YES / NO How did you go: Ambulance/car/walk How long were you there: _____

List all ambulance, hospitals, doctors or other medical providers and addresses who have treated you due to this accident.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

5. _____

SECTION 3

1. Have you been hospitalized in the past 10 years? If so, where, why, dates and names of all treating doctors.

2. Have you ever been in a mental hospital or institution for any type of mental condition? If so, name, address, why, dates and name of all treating doctors.

3. Have you ever filed a Worker's Compensation claim? If so, please explain.

4. Have you ever been convicted of a criminal offense? If so, please give all details.

5. Past employment for the last 10 years. Name of company, position, hourly wage and dates employed.

6. Have you been a party to a lawsuit in the past, if so, give details and what was the outcome?

7. Have you consulted with another attorney regarding this event? Please list the attorney's name and phone number.
