



DRINKWATER & GOLDSTEIN, LLP

South Jersey's Premier Personal Injury Law Firm

MOTOR VEHICLE ACCIDENT INFORMATION SHEET

CLIENT INFORMATION

Today's Date: _____

Client Name: _____ Driver or Passenger? (Please Circle)
Mr., Ms., or Mrs.

Spouse's full name, if married: _____

Address _____ City _____ State/Zip Code _____

Home # _____ Work # _____ Cell # _____

Email: _____

Date of Birth _____ S.S.N. # _____

IF CLIENT IS A MINOR, PLEASE COMPLETE THE FOLLOWING:

Father: _____ Telephone: _____

Mother: _____ Telephone: _____

ACCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ AM / PM _____

City of Incident: _____ County of Incident: _____

Road/Intersection: _____

WERE THE POLICE CALLED TO THE SCENE? YES _____ NO _____

If Yes, who called? _____

WAS AN ACCIDENT OR INCIDENT REPORT FILED? YES _____ NO _____

DID YOU GO TO THE HOSPITAL AFTER THE ACCIDENT? YES _____ NO _____

If Yes, how soon after the accident? _____

If Yes, WERE YOU TRANSPORTED VIA AMBULANCE? YES _____ NO _____

If Yes, please provide the name of the Ambulance Service: _____

PASSENGERS #1 (if applicable):

Name: _____ Contact Number: _____

Your Relationship to Passenger: _____

Address _____ City _____ State/Zip Code _____

Home # _____ Work # _____ Cell # _____

Email: _____

Date of Birth _____ S.S.N. # _____

DID PASSENGER GO TO THE HOSPITAL AFTER THE ACCIDENT? YES _____ NO _____

If Yes, how soon after the accident? _____

If Yes, WAS PASSENGER TRANSPORTED VIA AMBULANCE? YES _____ NO _____

If Yes, please provide the name of the Ambulance Service: _____

PASSENGERS #2 (if applicable):

Name: _____ Contact Number: _____

Your Relationship to Passenger: _____

Address _____ City _____ State/Zip Code _____

Home # _____ Work # _____ Cell # _____

Email: _____

Date of Birth _____ S.S.N. # _____

DID PASSENGER GO TO THE HOSPITAL AFTER THE ACCIDENT? YES _____ NO _____

If Yes, how soon after the accident? _____

If Yes, WAS PASSENGER TRANSPORTED VIA AMBULANCE? YES _____ NO _____

If Yes, please provide the name of the Ambulance Service: _____

If there were additional passengers, please complete additional copies of this page.

YOUR INJURIES & TREATMENT

Please describe any and all aches, complaints, discomforts, and disabilities suffered as a result of this accident, in detail. Please specifically identify the Duration, Intensity, and Frequency of any pain.

HAVE YOU SEEN ANY DOCTORS SINCE THE DATE OF THE ACCIDENT, OTHER THAN AT THE EMERGENCY ROOM/HOSPITAL? YES _____ NO _____

If Yes, please list all doctors you have seen for treatment related to injuries sustained in the accident:

Doctor's Name	Specialty (Ortho, Neuro, etc.)	
Office's Street Address	City	State/Zip Code
Office's Telephone #	Date of First Appointment	Still Treating with this Doc?

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Office's Street Address	City	State/Zip Code
Office's Telephone #	Date of First Appointment	Still Treating with this Doc?

If there were additional doctors consulted, please complete additional copies of this page.

PRIOR ACCIDENTS

(PLEASE DO NOT LEAVE BLANK. IF NONE, STATE AS SUCH.)

**** VERY IMPORTANT ****

If there are any prior accidents of any kind in which you sustained injury,
it is **CRITICAL** that you disclose those prior injuries to us.
Failing to disclose pre-existing injuries can significantly damage your case
and may even prevent a recovery completely.

Date: _____ Nature of Prior Accident
(Auto, Work-Related, Slip & Fall, etc.) _____

Injuries (if any):

ARE YOU STILL EXPERIENCING THE EFFECTS OF THESE INJURIES? YES _____ NO _____

If Yes, which injury, and how so? _____

ARE YOU STILL SEEING A DOCTOR FOR THESE INJURIES? YES _____ NO _____

If Yes, please provide the doctor's contact information:

Doctor's Name Specialty (Ortho, Neuro, etc.)

Office's Street Address City State/Zip Code

Office's Telephone # Which injury is this doctor treating?

If there have been multiple prior accidents of any kind, please complete additional copies of this page.

EMPLOYEMENT / LOSS OF EARNINGS

WERE YOU EMPLOYED AT THE TIME OF THIS ACCIDENT? YES _____ NO _____

ARE YOU STILL EMPLOYED THERE? YES _____ NO _____

If No, what is the reason? _____

DID THIS ACCIDENT OCCUR DURING YOUR WORKING SHIFT? YES _____ NO _____

Employer's Name Position / Job Title

Work Address City State/Zip Code

Work Telephone # How long have you been employed there?

Brief description of work duties / responsibilities:

Rate of Pay: \$ _____ per hour or \$ _____ yearly salary

How many hours do you normally work per week? _____

HAVE YOU MISSED DAYS OF WORK AS A RESULT OF YOUR INJURIES, OR WERE YOU PUT OUT OF WORK BY YOUR DOCTOR? YES _____ NO _____

If Yes, HAVE YOU RETURNED TO WORK? YES _____ NO _____

What was the date of the last day you worked? _____

HOW WERE YOU REFERRED TO US?
(Circle One)

I am a previous client	Friend (if so, who?) _____	Office Sign / Driving By
County Bar Referral	Attorney Referral (if so, who?) _____	Online (if so, what website?) _____

Any other services you would like our assistance with? (Examples: wills, traffic court, bankruptcy?)



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PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS

Social Security information will only be used in the event your hire the firm to represent you in your legal matter, and then only when necessary and in limited use during the course of your matter.

- Social Security Numbers are collected by the law firm from the client and all clients provide such information to the firm in writing.
- Social Security Numbers are most often used to positively identify the parties. Some uses may include: initial service, orders in court, for use in pleadings, filing with the court, or to request records from your doctor or employer.
- Most courts require Social Security Numbers of all parties.
- The employees of Drinkwater & Goldstein, LLP will have access to this information for use in your matter.
- Every step is taken to protect your privacy. This information is kept secure within the offices of the firm, and following the conclusion of your matter, files will eventually be shredded after the time designated by the State Bar requirement for maintaining the records has expired. Social Security Numbers are also kept in firm software and electronic documents that are password protected on our secured server.

I acknowledge that I have read the above privacy information provided by Drinkwater & Goldstein, LLP regarding the use of my Social Security Number.

Signature

Date

Printed Name