

# HUNT & ASSOCIATES, PC



## PERSONAL INJURY INFORMATION SHEET

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SS No.: \_\_\_\_\_  
\_\_\_\_\_ Drivers License No.: \_\_\_\_\_  
Phone: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### ACCIDENT:

Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Have you filed an accident report with DMV? \_\_\_\_\_  
Were police called to the scene? \_\_\_\_\_ Which agency? \_\_\_\_\_  
Was anyone cited? \_\_\_\_\_  
Was a report written (or did police just assist in the exchange of information)? \_\_\_\_\_  
Were there any witnesses? \_\_\_\_\_ (If so, give names and phone numbers below)  
Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Was anyone taken by ambulance from the scene? \_\_\_\_\_  
Have you given a statement to anyone about the accident? \_\_\_\_\_  
Have you taken any pictures of the accident scene? \_\_\_\_\_

### YOUR CAR (OR THE CAR YOU WERE DRIVING AT THE TIME OF THE ACCIDENT):

Year/Model: \_\_\_\_\_ Plate No./State: \_\_\_\_\_  
Date Tags Expire: \_\_\_\_\_  
Are you the registered owner? \_\_\_\_\_

(If not, please give the name and address of the owner):

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

Were there any passengers in your car at the time of the accident? \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Have you taken any photographs of the damage to your vehicle? \_\_\_\_\_

Has your vehicle been in for estimate or repair? \_\_\_\_\_

Have you incurred any out of pocket expenses? \_\_\_\_\_

**YOUR INSURANCE INFORMATION:**

Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Claim No. (if any assigned yet): \_\_\_\_\_

**OTHER DRIVER:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_

\_\_\_\_\_ State of Issuance: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**OTHER DRIVER'S CAR:**

Year/Model: \_\_\_\_\_ Plate No./State: \_\_\_\_\_

Date Tags Expire: \_\_\_\_\_

Is the driver the registered owner? \_\_\_\_\_



(If not, please give the name and address of the owner, if known):

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

**OTHER DRIVER'S INSURANCE INFORMATION:**

Company: \_\_\_\_\_ Agent: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Claim No. (if any assigned yet): \_\_\_\_\_

**YOUR MEDICAL TREATMENT:**

List all of the medical providers you have seen regarding the injuries from this accident. This includes all doctors, hospitals, after hours care clinics, chiropractors, physical therapists, etc.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
_____	_____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
_____	_____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
_____	_____

Have you kept a diary regarding this accident and your injuries? \_\_\_\_\_

Have you taken any photographs of your injuries? \_\_\_\_\_



**WAGE LOSS:**

Have you lost time from work because of this accident? \_\_\_\_\_

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

Address: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

\_\_\_\_\_ No. of Hours Worked Each Day: \_\_\_\_\_

Phone: \_\_\_\_\_ No. of Days Worked Each Week: \_\_\_\_\_

Date on Which Time Loss Began: \_\_\_\_\_

**PRIOR INJURIES AND ACCIDENTS:**

If you have ever had any prior injuries to the parts of your body that are injured because of the present accident, please explain below. (This includes prior injuries due to a previous accident, while working, during a recreational activity, etc.)

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

If you have ever been in a previous motor vehicle accident, briefly describe what happened, including the approximate date of the accident. Please also indicate whether you received a settlement from this accident or if a lawsuit was ever filed.

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

**PUBLIC ASSISTANCE:**

Have you ever received public assistance (either cash or medical)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, the State may be entitled to assert a lien against any recovery you receive from this accident. [ORS 416.540]

