

**CLIENT AUTO INSURANCE INFORMATION**

Plaintiff was a;  Pedestrian  Passenger  Driver  Other: \_\_\_\_\_

Type of vehicle Plaintiff was in (if any):  Car  Van  Truck  SUV  Bus  Motorcycle  Bicycle

Does Plaintiff own a car? If Yes; Title Holder: \_\_\_\_\_ Mileage: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ St: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Adjuster Name (if any): \_\_\_\_\_ Claim #: \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_

UM :  Yes  No If Yes: Limits: \_\_\_\_\_ / \_\_\_\_\_ If No; Signed rejection letter?:  Yes  No

If Plaintiff does not own a car, does Plaintiff live with a resident relative that owns a car?  Yes  No If Yes;

Vehicle Owner: \_\_\_\_\_ Relationship (Father, Sister, etc.): \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ St: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Adjuster Name (if any): \_\_\_\_\_ Claim #: \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_ BI/Liability Limits: \_\_\_\_\_ / \_\_\_\_\_

Vehicle Plaintiff was in at the time of accident:  Plaintiff's OR;

Vehicle Owner: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ St: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Adjuster Name (if any): \_\_\_\_\_ Claim #: \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_ BI/Liability Limits: \_\_\_\_\_ / \_\_\_\_\_

**DEFENDANT AUTO INSURANCE INFORMATION**

**DEFENDANT DRIVER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Adjuster Name (if any): \_\_\_\_\_ Claim #: \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_ BI/Liability Limits: \_\_\_\_\_ / \_\_\_\_\_

**DRIVER SAME AS OWNER**

**DEFENDANT OWNER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Adjuster Name (if any): \_\_\_\_\_ Claim #: \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_ BI/Liability Limits: \_\_\_\_\_ / \_\_\_\_\_

**MEDICAL INFORMATION**

Health Insurance: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

■ **Injuries: (Start at the Top of Your Head and Work down Your Body Listing Everything That Hurts) :**

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■ **Any Visible Injuries / Bruises, etc.?  Yes  No If Yes, TAKE PHOTOGRAPHS**

■ **Prior Injury  Yes  No ;Explain & Include Dates):** \_\_\_\_\_

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**Fire Rescue/Ambulance**

Showed up?:  Yes  No – If yes; City/Service: \_\_\_\_\_ County: \_\_\_\_\_

Treated?:  Yes  No transported?:  Yes  No Transported by: \_\_\_\_\_

Additional Info.: \_\_\_\_\_

Hospital/Medical Provider: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**ACCIDENT SCENE INVESTIGATION**

Police Department: \_\_\_\_\_ Case #: \_\_\_\_\_

Party Charged: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Witness name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Witness name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Passenger in Plaintiff's car?:  Yes  No If yes; how many: \_\_\_\_\_ List name(s) and age(s);

Statement(s) given?:  Yes  No If yes; Explain: \_\_\_\_\_

Personal information for Demand – Children?: If yes, Explain: \_\_\_\_\_

Boys: \_\_\_\_\_ Ages: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Girls: \_\_\_\_\_ Ages: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social activities/Civic services (Exercising, Dancing, Bowling, PTA, Church, Clubs, etc.): \_\_\_\_\_

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**CASE WORK SHEET ASSIGNMENT FORM**

FILE MANAGER: \_\_\_\_\_ ASSIGNMENT DATE: \_\_\_\_\_

FILE NO: \_\_\_\_\_ CLIENT: \_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_

**ASSIGNMENT**

- Obtain Police Report
  - Witness Statement
  - Defendant Insurance Information
  - Plaintiff Insurance Information
  - Resolve Property Damage
  - Other: \_\_\_\_\_
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**INSTRUCTIONS**

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**STATUS NOTES**

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**COPY**

- DRIVERS LICENSE       HEALTH INSURANCE       AUTO INSURANCE
- ACCIDENT REPORT       DRIVERS EXCHANGE       PHOTO INJURIES/PD
- RETAINER/MEDICAL AUTHORIZATIONS SIGNED & NOTARIZED

**DATE COMPLETED:** \_\_\_\_\_