

AUTO ACCIDENT INTAKE INFORMATION

DATE/TIME OF ACCIDENT: _____

LOCATION OF ACCIDENT: _____

DESCRIBE WHAT HAPPENED:

ACCIDENT DRAWING:

INFORMATION ABOUT CAR CLIENT WAS IN:

YEAR: _____ MAKE: _____ MODEL: _____

OWNER'S NAME: _____

CAR DRIVE-ABLE AFTER ACCIDENT: _____

ESTIMATE OBTAINED FOR COST TO REPAIR: _____

REPAIR COMPANY NAME: _____

COST TO REPAIR: _____

NAMES AND WHERE SEATED OF ALL PERSONS IN THE CAR AT TIME OF ACCIDENT:

1. DRIVER: _____
DRIVER INJURED? YES _____ NO _____
WEARING SEAT BELT? YES _____ NO _____
AIR BAG DEPLOY? YES _____ NO _____
2. FRONT RIGHT: _____ NONE _____
PERSON INJURED? YES _____ NO _____
WEARING SEAT BELT? YES _____ NO _____
AIR BAG DEPLOY? YES _____ NO _____
3. FRONT CENTER: _____ NONE _____
PERSON INJURED? YES _____ NO _____
WEARING SEAT BELT? YES _____ NO _____
AIR BAG DEPLOY? YES _____ NO _____
4. BEHIND DRIVER: _____ NONE _____
PERSON INJURED? YES _____ NO _____
WEARING SEAT BELT? YES _____ NO _____
AIR BAG DEPLOY? YES _____ NO _____
5. BACK SEAT CENTER: _____ NONE _____
PERSON INJURED? YES _____ NO _____
WEARING SEAT BELT? YES _____ NO _____
AIR BAG DEPLOY? YES _____ NO _____
6. BACK SEAT RIGHT: _____ NONE _____
PERSON INJURED? YES _____ NO _____
WEARING SEAT BELT? YES _____ NO _____
AIR BAG DEPLOY? YES _____ NO _____

PERSONAL INFORMATION FOR #1 (DRIVER), ABOVE:

NAME: _____ BIRTH DATE: _____
SOCIAL SECURITY NO*: _____
ADDRESS: _____ DRIVER'S LICENSE NO: _____
PHONE: _____

PERSONAL INFORMATION FOR #2, ABOVE:

NAME: _____ BIRTH DATE: _____
SOCIAL SECURITY NO*: _____
ADDRESS: _____
PHONE: _____

PERSONAL INFORMATION FOR #3, ABOVE:

NAME: _____ BIRTH DATE: _____
SOCIAL SECURITY NO*: _____
ADDRESS: _____
PHONE: _____

PERSONAL INFORMATION FOR #4, ABOVE:

NAME: _____ BIRTH DATE: _____
SOCIAL SECURITY NO*: _____
ADDRESS: _____
PHONE: _____

PERSONAL INFORMATION FOR #5, ABOVE:

NAME: _____ BIRTH DATE: _____
SOCIAL SECURITY NO*: _____
ADDRESS: _____
PHONE: _____

PERSONAL INFORMATION FOR #6, ABOVE:

NAME: _____ BIRTH DATE: _____
SOCIAL SECURITY NO*: _____
ADDRESS: _____
PHONE: _____

****** PLEASE NOTE THAT SOCIAL SECURITY NUMBERS ARE NOW REQUIRED BECAUSE WHEN THE OTHER INSURANCE COMPANY PAYS OUT A SETTLEMENT IT MUST CONFIRM WHETHER CERTAIN FEDERAL BENEFITS ARE BEING RECEIVED BY THE INJURED PERSON. THE SOCIAL SECURITY NUMBER IS USED FOR THIS PURPOSE.**

CLIENT'S CAR INSURANCE INFORMATION:

CARRIER'S NAME: _____

ADJUSTER'S NAME: _____

ADDRESS: _____

DIRECT PHONE: _____

FAX: _____

EMAIL: _____

CLAIM #: _____

CLIENT'S HEALTH INSURANCE INFORMATION:

CARRIER'S NAME: _____

ADJUSTER: _____

ADDRESS: _____

DIRECT PHONE: _____

FAX: _____

EMAIL: _____

GROUP #: _____

MEMBER #: _____

IF ACCIDENT OCCURRED WHILE CLIENT ON-THE-JOB, EMPLOYER INFORMATION:

CARRIER'S NAME: _____

ADDRESS: _____

PHONE: _____

ATTN: _____

WORKER'S COMP INSURER:

NAME: _____

ADJUSTER'S
NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

