



ERHART LEGAL, LLC

Attorney:
William A. Erhart

Paralegal:
Heather J. Welter

CHECKLIST FOR PERSONAL INJURY CLAIM

PLAINTIFF INFORMATION:

1. Full Name _____
2. Address _____

3. Home phone _____ Work Phone _____
4. Other contact (parents or other relative):
Name _____
Telephone _____
5. Name and address of employer _____

Telephone _____
6. Rate of Pay _____
7. Previous employer; name and address _____

8. Social security number _____
9. Driver's license number _____
10. Date and place of birth _____
11. Educational history _____

12. Other family members, marital history, children _____

Your spouse's full name _____

13. History of all prior injuries or hospitalizations: (Important to include all problems, particularly in the area that has been injured in the accident we are representing you for.)

<u>DATE</u>	<u>PROBLEM</u>	<u>WHERE TREATED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Driving Experience.

Experience with vehicle in question _____

License ever suspended or revoked _____

License ever restricted _____

List any prior accidents _____

DEFENDANT INFORMATION:

1. Full name _____

2. Address _____

3. Telephone number (home) _____ (work) _____

4. Employment (if known) _____

5. Driver's license number _____

6. If auto accident, owner of vehicle _____

Driver of vehicle _____

ACCIDENT FACTS:

1. Date and time of accident _____

2. Location of accident _____

3. Vehicles involved:

A. Plaintiff's vehicle (make, year, color, license, ownership):

B. Defendant's vehicle (make, year, color, license, ownership):

4. Where plaintiff was coming from and going to:

5. Weather conditions _____

6. Road conditions _____

7. Any construction in the area _____ If so, please describe:

8. A. Identity and position in vehicle of any passengers _____

B. Direction of travel _____

C. Approximate speed _____

Speed limit where collision occurred _____

D. Lane _____

E. Was the defendant using a cell phone _____

F. Were you wearing a seatbelt? _____

G. Does your car have headrests? _____

H. Description of accident _____

I. Detailed description of all body movement within vehicle after impact

J. Detailed description of course of travel of all vehicles after impact

K. Detailed review of all conversations or discussions at scene of accident

L. Evidence of drinking, medications or drugs _____

M. Identity of all investigating police agencies and police officers and description of what was done by each _____

N. Means by which plaintiff left the accident scene _____

O. Skid marks _____

P. Location of debris _____

Q. Tickets issued YES or NO (circle one); To whom: _____

R. Identity of all witnesses, addresses and telephone numbers, if known

S. Do you have pictures of the damage done to the vehicles:
Your car _____ The defendant's car _____

T. Do you have pictures of the scene of the accident? _____

INJURIES:

1. Detailed listing of each injury including date and time of onset of symptomatology:

<u>DATE</u>	<u>TIME</u>	<u>SYMPTOM</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TREATMENT:

<u>DATE</u>	<u>WHERE</u>
_____	_____
_____	_____
_____	_____
_____	_____

EVIDENCE:

1. List of all photographs taken to date: _____

2. List of all other items of evidence in plaintiff's possession:

SPECIAL DAMAGES:

1. Listing of all time lost from work and amount of wages lost:

<u>DATE</u>	<u>HOURS</u>	<u>HOURLY RATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Other expenses incurred as a result of accident to date:

3. Description of the damage done to your vehicle _____

4. Description of the damage done to the other party's vehicle _____

5. Value of the damage done to your vehicle _____

6. Value of the damage done to the other party's vehicle _____

INSURANCE:

1. Plaintiff's no-fault insurance carrier _____

Policy number _____ Adjuster _____

AND Claim number _____

2. Can you provide a copy of the insurance policy and declaration sheet that was in force at the time of the accident? _____YES _____NO

3. Identity of every other insurance policy carried by plaintiff or any member of plaintiff's household covering any vehicle owned by any member of the household:

AUTOMOBILE OWNER INSURANCE POLICY NUMBER

4. Identity of plaintiff's group insurance carrier: _____

5. Identity of any other applicable insurance: _____

6. Identity of Defendant's liability insurance carrier _____

Policy number _____ Adjuster _____

AND Claim number _____