



WALLACE LAW OFFICES

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PERSONAL INJURY INTAKE FORM

Personal Information (Plaintiff)

Full Name: _____

Address: _____

Home Phone _____ Work Phone _____

Employer _____

Social Security # _____ Drivers License # _____

Personal Information (Other Driver)

Full Name: _____

Address: _____

Telephone _____ Employment (if known) _____

Drivers License # _____

If auto accident, obtain above information for both OWNER and DRIVER of vehicle.

Date and Time of Accident _____

Location of Accident _____

Vehicles Involved

Plaintiff's (Ownership)	vehicle	Make	Year	Color	License

Defendant's (Ownership)	vehicle	Make	Year	Color	License

Plaintiff's Personal History

Date and Place of birth: _____

Educational History: _____

Other family members, marital history, children: _____

Occupational/Employment History: _____

History of all prior injuries or hospitalizations:

Accident Facts:

Were you wearing a seatbelt at the time of the accident? _____

Where were you going when the accident happened?:

What was the weather like at the time of the accident?:

What were the conditions of the road at the time of the accident?:

Identity and position in vehicle of any passengers: _____

Direction of Travel:

Were you on your cell phone or otherwise distracted at the time of impact?:

Was the other driver on their cell phone or otherwise distracted at the time of impact?:

Approximate Speed: _____

Lane: _____

Description of accident: _____

Detailed description of all body movement within vehicle after Impact:

Detailed description of course of travel of all vehicles after impact: _____

Detailed review of all conversations or discussions at scene of the accident: _____

Evidence of drinking, medications or drugs: _____

Identity of all investigating police agencies and police officers and description of what was done by each:

Means by which plaintiff left the accident scene:

Skid marks:

Location of debris:

Tickets issued:

Identity of all witnesses and location of all witnesses:

Description of vehicle damage:

Injuries

Detailed listing of each injury including date and time of onset of symptoms:

Medical Treatment

Chronological resume of all medical treatment from the time of the accident to the present date:

Listing of each doctor and/or hospital with address and phone number from which Plaintiff has received treatment since the accident:

Photographs and other Evidence

Listing of all photographs taken to date:

Photographs being ordered:

List all other items of evidence in Plaintiff's possession:

Special Damages

Listing of all medical expenses incurred to date:

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

Other expenses incurred as a result of accident to date:

Amount of property damage incurred:

Insurance

Identity of Plaintiff's no-fault insurance carrier:

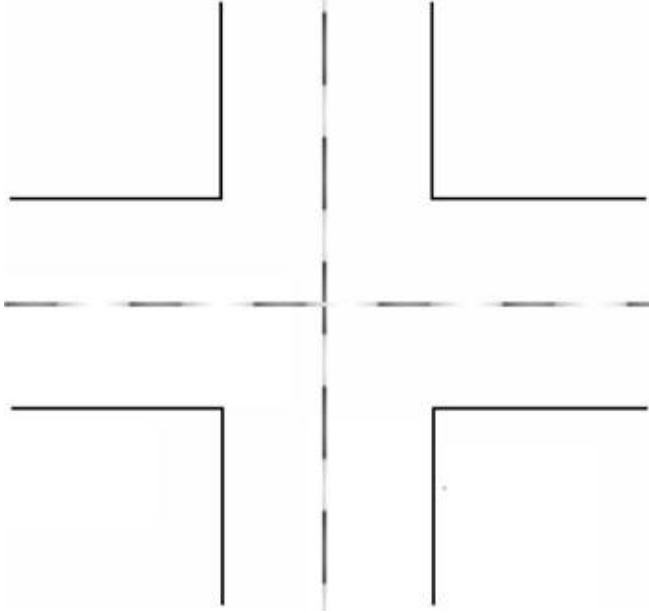
Policy number: _____ Adjuster _____ Claim
Number _____

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:

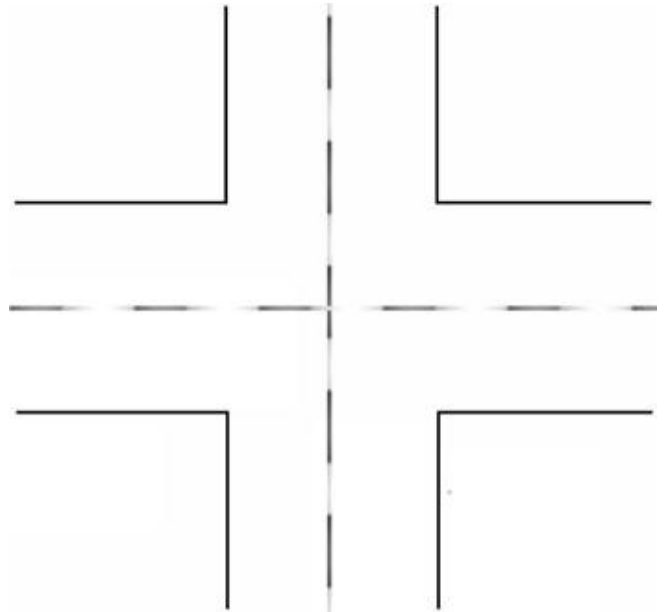
Identity of any other applicable insurance covering Plaintiff (Auto Club, etc.)

Identity of defendant's liability insurance carrier and policy number, adjuster and claim number, if known:

PLEASE DRAW THE POSITION OF ALL CARS AT THE TIME OF IMPACT



PLEASE DRAW THE POSITION OF ALL CARS AFTER THE TIME OF IMPACT



Initial Interview Checklist

A. Client occupying Non-owned vehicle

- _____ 1. Identify Owner and Insurer
- _____ 2. Obtain Liability UM and UIM Limits
- _____ 3. Identify all resident relatives owning vehicles, their insurers, limits of coverage and obtain copy of all insurance policies.

B. Client Occupying Owned Vehicle

- _____ 1. Insured - Obtain Copy of Insurance Policy
- _____ 2. Uninsured - Identify all resident relatives owning insured vehicles; obtain copy of all insurance policies; no-fault coverage available but disqualified for UM/UIM

C. Client Occupying Motorcycle

1. Owner:

- _____ a. No-fault coverage purchased
- _____ b. UM/UIM coverage purchased, owner limited to this amount
- _____ c. Medical Assistance or Health Insurance involved - subrogation rights.

2. Non-Owner:

- _____ a. No-fault coverage purchased
- _____ b. UM/UIM coverage purchased, first priority
- _____ c. Identify all resident relatives owning insured vehicles: obtain copy of all insurance policies.
- _____ d. Medical assistance or Health Insurance involved - subrogation rights

D. Defendant Operating a Non-Owned Vehicle

- _____ 1. Identify Insurer of all automobiles owned by the driver, or any resident relative of the driver. Obtain limits.
- _____ 2. Identify any umbrella policies that may be available to owner/driver. Obtain limits.

E. Non-vehicle Caused Injuries

- _____ 1. Obtain and copy all health insurance contracts
- _____ 2. Inquire as to any medical pay coverage available to the defendant.
- _____ 3. Is Medicare, Medical Assistance, etc. involved - subrogation rights

F. Alcohol Relate Injuries

- _____ 1. Location where Alleged Intoxicated Person (AIP) served known
 - (a) Give dram shop notice within 120 days of illegal sale or being retained by client
- _____ 2. Location of illegal sale unknown
 - (a) Alter retainer agreement to clearly state that we "have not been retained to pursue or investigate dram shop claim."

G. Serious/Catastrophic Injuries

- _____ 1. Consider Application for Social Security Disability.
- _____ 2. Consider Applications for Medical Assistance
- _____ 3. Obtain Short and Long-term Disability Policies
 - (a) Do they coordinate? (b) Do they subrogate? (c) Letter stating we will (not) protect their interests
- _____ 4. Obtain Health Insurance Policies

(a) Do they coordinate? (b) Do they subrogate? (c) Letter stating we will (not) protect their interests

H. Out of State Injuries

- _____ 1. Auto claim, determine liability limits, less than 30/60 claim
- _____ 2. Auto claim, possible subrogation by no-fault carrier; can be extinguished by settlement release.
- _____ 3. Immediately determine Statute of Limitations
- _____ 4. Research differences in comparative fault, joint and several liability, measure of damages, etc.

I. Exhibits in Client's Control

- _____ 1. Property Damage Estimates
- _____ 2. Photographs
- _____ 3. Itemized Medical Bills
- _____ 4. Statements taken prior to representations