



THE POLIQUIN FIRM, LLC.

Ronald G. Poliquin, Esq. Attorney at law
1475 S. Governors Ave.
Dover, Delaware 19904
Phone (302)-702-5501, Fax (302)-213-0042
Email Ron@PoliquinFirm.com
WWW.DOVERLAWOFFICE.COM

PERSONAL INJURY INTAKE SHEET (AUTO ACCIDENT)

PERSONAL INFORMATION:

CLIENT NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
_____ SSN: _____

ACCIDENT INFORMATION:

DATE OF ACCIDENT: _____ LOCATION OF ACCIDENT: _____

INVESTIGATING POLICE DEPARTMENT: _____
OTHER DRIVER(S) INVOLVED: _____
YEAR AND MAKE OF CLIENT'S VEHICLE: _____
YEAR AND MAKE OF OTHER DRIVER(S) VEHICLE: _____

PASSENGER AND/OR WITNESSES' INFORMATION: _____

BRIEF DESCRIPTION OF ACCIDENT: _____

PERSONAL INJURY INTAKE SHEET (AUTO ACCIDENT)

WERE YOU TREATED FOR THIS ACCIDENT? (CIRCLE ONE) YES NO

NAME OF DOCTOR AND/OR HOSPITAL WHERE YOU WERE TREATED FOR THIS ACCIDENT: _____

ADDRESS(ES) OF DOCTOR AND/OR HOSPITAL WHERE YOU WERE TREATED: _____

PHONE NUMBER OF DOCTOR AND/OR HOSPITAL: _____

INSURANCE INFORMATION:

NAME AND ADDRESS OF CLIENT'S INSURANCE COMPANY: _____

HAVE THEY BEEN NOTIFIED? (CIRCLE ONE) YES NO

CLAIMS REPRESENTATIVE: _____

CLAIM NUMBER: _____