

**PERSONAL INJURY / AUTO ACCIDENT OR SLIP & FALL CASE**

- DO YOU HAVE NO-FAULT P.I.P. BENEFITS? YES \_\_\_ NO \_\_\_
- ARE THERE BENEFITS LEFT? YES \_\_\_ NO \_\_\_
- DO YOU HAVE A DEDUCTIBLE? YES \_\_\_ NO \_\_\_
- DEDUCTIBLE AMOUNT? \$ \_\_\_\_\_ HAS IT BEEN MET? YES \_\_\_ NO \_\_\_
- IF NOT, HOW MUCH DEDUCTIBLE IS LEFT TO BE MET YET? \$ \_\_\_\_\_
- WHAT PERCENTAGE DOES YOUR INSURANCE COVER? \_\_\_\_\_ %
- WHAT ARE THE POLICY LIMITS \$ \_\_\_\_\_
- DO YOU HAVE MED-PAY ON YOUR POLICY? YES \_\_\_ NO \_\_\_ (PICKS UP THE 20%)
- DO YOU HAVE U/M (UNINSURED MOTORIST PROTECTION)? YES \_\_\_ NO \_\_\_
- WERE YOU CITED IN THE ACCIDENT? YES \_\_\_ NO \_\_\_ DON'T KNOW \_\_\_
- WERE YOU STRUCK FROM: BEHIND \_\_\_ FRONT \_\_\_ R.SIDE \_\_\_ L.SIDE \_\_\_
- IF OTHER, EXPLAIN: \_\_\_\_\_
- DID YOU FEEL PAIN IMMEDIATELY? YES \_\_\_ NO \_\_\_ WHERE: \_\_\_\_\_
- IF NO, WHEN DID YOU FIRST START FEELING PAIN? \_\_\_\_\_
- SINCE THE INJURY ARE YOUR SYMPTOMS: GETTING WORSE \_\_\_ IMPROVING \_\_\_  
 STAYING THE SAME \_\_\_ CHANGING \_\_\_ IF CHANGING, EXPLAIN: \_\_\_\_\_
- WERE YOU THE: DRIVER \_\_\_ PASSENGER \_\_\_ PEDESTRIAN \_\_\_ OTHER \_\_\_\_\_

**INFORMATION ON THE DRIVER OF VEHICLE AT FAULT:**

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POLICY # \_\_\_\_\_

HAVE YOU OBTAINED AN ATTORNEY FOR THIS CASE: YES \_\_\_ NO \_\_\_

ATTORNEY OR LAW FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_