

PERSONAL INJURY QUESTIONNAIRE

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This questionnaire is a confidential questionnaire for the use of our office only in preparing your claim for personal injuries. Please answer every question fully and accurately because, as your attorneys, we must know all about you and your case. All of the questions are important even though they may not appear to have anything to do with your case. Please type or print all answers. Use additional sheets of paper or the reverse side of the form, if needed.

Name _____ Date of birth: _____
Address _____ Soc. Security No. _____
_____ Home phone _____
Employer: _____ Work phone _____
Email _____ Cell phone _____
Spouse _____

INFORMATION ABOUT INCIDENT AND INJURY

Location of accident _____
Date and time of accident _____
What were the weather conditions? (Daylight, dusk or dark? Raining, snowing, fog, clear?)

Description of accident _____

Injuries noted at the time of the accident _____

Responsible party's name and address _____

Responsible party's insurance company _____

Policy number and phone number _____

YOUR insurance company _____

Policy number and phone number _____

If car accident, were you the ___ Driver ___ Passenger ___ Pedestrian ___ Other

If car accident, make, model and owner of vehicle in which you were riding _____

Did police respond? _____ If so, what agency? _____

Did they issue a citation to any party? If so, to whom? _____

If the police responded, do you have a copy of the police report? _____

INJURIES AND MEDICAL TREATMENT RECEIVED

Were you taken by ambulance? If so, what agency _____

Were you seen in the emergency room? If so, when, and what hospital? _____

Other treatment providers since accident (provide name, address and phone numbers if possible)

Are you still in treatment? _____

What are your current symptoms, if any? _____

What are your future treatment requirements, if any? _____

PRIOR MEDICAL/BIOGRAPHICAL INFORMATION

Prior accidents or injuries _____

Prior hospitalizations _____

Treating providers last five years:

DAMAGES

Please explain and list all losses, economic or otherwise, you have suffered as because of this accident:

Any other information you think might be helpful to us: _____
