

PERSONAL INJURY INTERVIEW

The Durst Law Firm, P.C. 319 Broadway, New York, New York 10007 212-964-1000 (office) 212-964-1400 (fax)

1. Today's date _____ Date of accident _____ Time _____

2. Name of injured person(s) _____

Address _____

Telephone - Home: _____ Office: _____

3. Date of birth _____ Social Security # _____

4. Married or Single: _____ Name of spouse _____

Spouse's date of birth _____ Social Security # _____

5. Place of Accident _____

6. Describe the accident _____

Diagram:

7. Name and address of any witnesses to the accident _____

8. Did the police come to the scene of the accident? Yes ____ No ____ Precinct _____

Name of police officers _____

9. Whose fault was it that the accident occurred? Name and addresses, if known

Why was it their fault? _____

10. What is the name and address of their insurance company, if known

11. Was there any property damage (e.g., to car)? If so, make, model and year of car

_____ Appraised value of car _____

12. Name, address and telephone number of insurance company providing collision coverage, if any

13. Describe the injury _____

14. Date of first medical treatment received _____

Place of first medical treatment _____

15. Name and address of everyone who treated you for your injuries:

1. _____

2. _____

3. _____

4. _____

5. _____

16. Did you miss time from work? Yes ___ No ____

If so: Date first out of work _____ Date returned _____

Number of days out _____

17. Employer _____

Address _____

Job title _____

Salary: Yearly _____ or Weekly _____ or Daily _____

Were you paid by your employer while you were out? Yes ___ No ____

Did you lose sick leave or vacation time? Yes _____ No _____

Comments: _____

18. If automobile accident: Name and address of insurance company _____

Policy Number _____ Claim Number _____

19. Do you have other medical insurance? Yes ____ No ____

Name and address of insurance company: _____

Policy # _____

Other medical insurance _____

20. Any prior injuries to the same part of the body? If so, doctor's name and address

21. Comments

PLEASE ATTACH COPIES OF:

***Important:** PHOTOGRAPHS OF ACCIDENT SCENE or INJURIES (If you do not have photos, please take them of your injuries, scene of the accident, or machine/product that injured you)

MEDICAL BILLS

POLICE ACCIDENT REPORT or POLICE FIELD REPORT

ANY OTHER DOCUMENTS THAT MAY BE INFORMATIVE