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Protected by Attorney-Client Privilege
CAR COLLISION CASE QUESTIONNAIRE
CONFIDENTIAL CLIENT INFORMATION FORM

This questionnaire has been developed by our office to ensure that we have all necessary information to properly commence our representation of you. Because it is a broad questionnaire, there may be questions that do not have application to your case. Please read each one carefully to determine whether the information required has application in your case. If the question does not have application to your case, then you may skip it.

The information generated by the questionnaire is your communication to us and is therefore confidential. This means it is for our use only. And will not be released without your consent to any other parties. We emphasize that complete and accurate answers are critical. If, during the case, it turns out an answer has incorrect or incomplete information, it could cause an adverse impact upon your claim.

This questionnaire also ensures that if any important information was omitted during the initial attorney/client interview, we will have it in our files when requested through the court supervised mechanisms of information gathering (interrogatories, requests for production and depositions).

If you run out of space on a particular question, use the back of the page. Once you have completed the questionnaire, please return it promptly.

PLAINTIFF INFORMATION

1. What is your full name? _____
2. Date of Birth: _____ 3. Social Security Number: _____
4. Phone Numbers: Home _____ Work _____ Cell _____
5. Address: Street _____
City _____ State _____ Zip _____
6. Email: _____
7. California Driver's License Number & Exp. Date: _____
8. Parents' Names (minors): _____
9. If you have ever used any other name(s) please list: _____
_____ dates used: _____

10. Your automobile insurance company/policy information: _____

11. Does your auto insurance provide any med-pay? Yes No. If so, how much? _____

11. Your medical insurance company: _____ Did your medical insurance cover all medical treatment? Yes No. If so, state the amount paid to date: _____

WORK BACKGROUND

I. Present job: _____

Name and address of employer: _____

Present job title and duties: _____

When did you start at this job? _____

Your present pay: _____

2. If you were not working for this employer at the time of your car collision, state the following:

Name of employer at time of car collision: _____

Address of employer: _____

Job title and duties: _____

Rate of pay: _____

Hours per week regularly worked: _____ When first began working for this employer: _____

When left this employer: _____

Why left employer: _____

3. What did you earn in the year before your car collision took place?: _____

4. Have you missed any time from work because of your injury? Yes No. If so, list the inclusive dates you could not work: From: _____ To: _____.

5. Did you lose wages for the periods of time missed from work due to this car collision? Yes No. If so, state the total wages lost to date and the dates:

6. Have you had any increases or decreases in your pay since the car collision? Yes No. If so, explain:

7. Did you file a claim for Workers Compensation benefits? Yes No. If so, list you Workers Compensation provider, and the amount you've received to date: _____

FACTS OF THE CAR COLLISION

1. Date: _____ Time: _____

2. Weather: _____

3. Write a brief description of what happened during this car collision. Please include the place of origin of your trip, the route followed, your destination and describe what happened: _____

FACTS CONCERNING THE OTHER DRIVER

1. Name of other party: _____

Address: _____

Phone Number: _____

2. His or her insurance company/policy number: _____/_____

3. Give your observations about the party as a person, such as age, height, weight and general description:

WITNESSES

1. List the name, address and telephone number of all witnesses to the car collision (person who saw or may have seen the car collision), and any other person who may be of assistance in testifying about your case, your injuries, or changes in your activities since the car collision:

Name Contact Info. What does he/she know?

STATEMENTS MADE

1. Have you told any police officer, investigator, insurance adjustor or any other person about the collision? Yes No

2. Who? _____

3. Have you given any written or recorded statement to any person about the collision? Yes No

If so, answer the following:

a. Name of person to whom statement was given: _____

b. Date given: _____

c. If written, do you have a copy? _____

d. Persons present at time: _____

DAMAGES FROM CAR COLLISION

The recovery made in this case will be affected in part by the damages or expenses incurred because of your car collision. You should fully list all information regarding your injuries and your expenses because of this car collision.

1. State in full detail what parts of your body were injured because of this car collision. Please indicate the injury each part of your body sustained, i.e., bruise, fracture, laceration, etc.: _____

2. State your present physical condition - scars, deformities, headaches, pains, and disabilities etc., due to injuries received in car collision: _____

3. List all hospitals (including ambulance) in which you were examined or treated, or to which you were admitted as a patient because of the injuries sustained in the car collision, the dates, and the total costs:

Dates	Hospital	Address	Costs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe your received treatment and list the full name, address and telephone number of each medical provider who has examined or treated you for your injuries because of the car collision:

Date	Provider's Name	Telephone Number	Type of Treatment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have you used any braces, crutches, traction devices or home nursing or attendant care in connection with treatment? Yes No. If Yes, please list including dates: _____

6. List here all of your usual activities which you could not perform, or can only perform with difficulty, since the car collision, such as climbing stairs, ironing, cutting grass, dancing, lifting children, etc.:

7. Time lost from school (in case of pupil): _____

8. Period you were confined to your house: _____

9. Please summarize your out-of-pocket expenses, and if you have not previously given us the name and addresses, indicate to whom they are owed, and the amounts and whether they have been paid.

a. Physicians/Surgeons:

b. Ambulance:

c. Hospitals:

d. Nurses:

e. Drugs:

f. Crutches, braces, etc.:

g. Lab/x-rays:

h. Domestic help:

i. Auto repair:

j. Car rental:

k. Other:

TOTAL \$ _____

10. Have you had any car collisions, accidents or illnesses since the date of the car collision discussed above? Yes No. If so, please provide dates and details of such car collisions, accidents and illnesses:

MEDICAL HISTORY BEFORE CAR COLLISION

I. Were you ever hospitalized at **ANY** time before the car collision in this case (IT IS IMPORTANT THAT WE HAVE RECORDS OF ALL PRIOR INJURIES)? If so, list below all hospitalizations:

Date	Hospital/Address	Nature of Illness
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please list **ALL** physical examinations you have had for five years before the car collision:

Date	Name of Doctor	Nature of Treatment
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3. Please list **EVERY** car collision or injury you have had prior to this car collision, whether there was a claim for damages or not:

Date	Nature of Accident/Injury	Treated By
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4. Have you had any serious illnesses or diseases before this car collision? If so, list every such illness or disease suffered in the five years before this car collision: _____

5. Did you use any drugs or medications regularly before the car collision? If so, list the type and reason:

6. List the normal activities including sports, hobbies, or other activities you enjoyed before this car collision:

MILITARY SERVICE. LAW ENFORCEMENT AND PRIOR CLAIMS

Military Background

1. Were you ever in military service? ___ If so, dates: _____

2. Type of discharge: _____

3. Any service-connected injuries? ___ Details: _____

4. Have you received or do you receive payments from V.A., Social Security or other sources? Yes No. If so, V .A. Claim No.: _____

Police Record

1. Have you ever been convicted of a felony? _____

2. Is there now or has there ever been a restriction on your driver's license? _____

Claims and Lawsuits

1. Have you ever been involved in any claim or lawsuit? List below every claim you have made for money or lawsuits in which you have ever been involved: _____

INSURANCE

1. The name of your automobile insurance company, policy period, and policy number: _____

2. Does your policy cover you if you are in a collision with someone who does not have insurance or does not have enough insurance (sometimes called uninsured/underinsured coverage)? _____

3. If "yes" to No. 2, then how much coverage: _____

4. Do you have insurance covering damage to your car? If so, what is the deductible amount? \$ _____

5. How much are you insured for if you hurt someone else with your automobile? \$ _____

6. Do you have health, car collision or disability insurance? If so, give the names and addresses of the companies and policy numbers: _____

EDUCATION

1. Please give your educational background, listing names and addresses of schools attended and years attended, and any degrees obtained beginning with high school:

Dates **School** **Degree**

CONCLUSION

In completing this questionnaire, have you thought of any information which we have not asked which may be of some assistance to us in serving you? If so, please state it here no matter how silly, trivial, or embarrassing it may seem.

Dated this _____ day of _____, 20____. I have read the above statement and the statements contained are true and correct.

By: _____