

# Motor Vehicle Accident Initial Interview Guide

File No. \_\_\_\_\_

Date File Opened \_\_\_\_\_

## Details of Accident (Includes Property Damage)

(Where space is found insufficient use blank sheet and refer to question number)

Interviewed by \_\_\_\_\_ Date/Time \_\_\_\_\_

Referred by \_\_\_\_\_ Fee Arrangement \_\_\_\_\_

Address \_\_\_\_\_

New Client \_\_\_\_\_ Date of Accident \_\_\_\_\_

Present Client \_\_\_\_\_ Statute of Limitations expires \_\_\_\_\_

## CLIENT

1. Full name \_\_\_\_\_ S.S. No. \_\_\_\_\_

2. Other names used \_\_\_\_\_ Birth date \_\_\_\_\_

3. Residence \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

5. If a minor or incompetent: names, addresses and telephone no., fax of either parent and name, address, relationship and telephone of guardian

\_\_\_\_\_  
\_\_\_\_\_

6. Treating Physician: (if any) / (For personal injury use with 480 P.I.)

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Family Physician

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

7. Employment: employer, name and place of work.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

Type of work \_\_\_\_\_  Unemployed

Earnings: (Hourly/Weekly) per \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_

Limitations of work due to accident \_\_\_\_\_

Lost Earnings \$ \_\_\_\_\_ Applied for PIP Benefits  Yes  No

**SPOUSE**

8. Full name \_\_\_\_\_ S.S. No. \_\_\_\_\_

9. Other names used \_\_\_\_\_ Birth date \_\_\_\_\_

10. Residence if different \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ State/Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

**CHILDREN**

11. Name(s), sex, age(s) and residence(s) of minor children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLIENT'S VEHICLE (No. 1)**

12. Year, make, model and color \_\_\_\_\_

13. Owner and address \_\_\_\_\_

14. State of Registration \_\_\_\_\_ Reg. No. \_\_\_\_\_ Plate No. \_\_\_\_\_

15. List any mechanical or other defects \_\_\_\_\_  
\_\_\_\_\_

16. Date and nature of any repairs or mechanical work prior to accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Date and result of last motor vehicle inspection. Passed ( ) Rejected ( ) If rejected, show reasons and  
date of reinspection \_\_\_\_\_  
\_\_\_\_\_

18. Nature of damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVER - VEHICLE (No. 1)**

19. Driver's name \_\_\_\_\_ Birth date \_\_\_\_\_

20. Other names used \_\_\_\_\_ Relationship to owner \_\_\_\_\_

21. Residence \_\_\_\_\_ Phone No. \_\_\_\_\_

22. Driver's License No. \_\_\_\_\_ State of Registration \_\_\_\_\_

23. If restricted or conditional, explain. (Indicate if any defects of sight, hearing and other physical or mental disability. If not shown on driver's license, then from personal observation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Did driver have owner's permission? \_\_\_\_\_

25. If acting as agent, employee or on an errand for owner, explain \_\_\_\_\_  
\_\_\_\_\_

26. Limitations, conditions or instructions from owner as to operation and destination of vehicle \_\_\_\_\_  
\_\_\_\_\_

27. If any alcoholic beverages, medication or drugs of any nature consumed or used prior to accident, explain \_\_\_\_\_  
\_\_\_\_\_

28. Nature and extent of injuries to driver \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Nature of damage \_\_\_\_\_  
\_\_\_\_\_

**VEHICLE (No. 1) - OTHER OCCUPANTS**

Check here if more than one other occupant, and use blank paper for entering answers to items 30 through 33 for each additional occupant.

30. Name and address \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Phone No. \_\_\_\_\_

31. Family or other relationship to owner or other occupants \_\_\_\_\_

32. Location in vehicle of all occupants, including client \_\_\_\_\_

\_\_\_\_\_

33. Nature and extent of injuries \_\_\_\_\_

\_\_\_\_\_

**VEHICLE (No. 2)**

Check here if more than one other vehicle, and use blank paper for entering answers to items 34 through 48 for each additional vehicle.

34. Year, make, model and color \_\_\_\_\_

35. Owner and address (Insured) \_\_\_\_\_

\_\_\_\_\_

36. Liability carrier: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Type of Policy \_\_\_\_\_

37. Adjuster and claim number \_\_\_\_\_

38. Counsel Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

39. State of Registration \_\_\_\_\_ Reg. No. \_\_\_\_\_ Plate No. \_\_\_\_\_

40. List any apparent mechanical or other defects \_\_\_\_\_

\_\_\_\_\_

41. Motor vehicle inspection date shown on windshield sticker \_\_\_\_\_

42. Nature of damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VEHICLE (No. 2) - DRIVER**

43. Driver's name and address \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Telephone No. \_\_\_\_\_

44. Driver's License No. \_\_\_\_\_ State of Registration \_\_\_\_\_

45. If restricted or conditional, explain. (Indicate if any defects of sight, hearing and other physical or mental disability. If not shown on driver's license, then from personal observation) \_\_\_\_\_

\_\_\_\_\_

46. Family or other relationship to owner or other occupants \_\_\_\_\_

47. If any indications of consumption or use of alcoholic beverages, medication or drugs of any nature, explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. Nature and extent of injuries to driver \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE (No. 2) - OTHER OCCUPANTS**

Check here if more than one other occupant, and use blank paper for entering answers to items 49 through 52 for each additional occupant.

49. Name and address \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Telephone No. \_\_\_\_\_

50. Family or other relationship to owner or other occupants \_\_\_\_\_

51. Location in vehicle of all occupants \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

52. Nature and extent of injuries \_\_\_\_\_

\_\_\_\_\_

**DETAILS OF ACCIDENT**

53. Date/Time \_\_\_\_\_ Street or intersection \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Municipality \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

55. Purpose and destination of trip. (Indicate any connection with employment or work) \_\_\_\_\_

\_\_\_\_\_

56. On last page give full details of accident and complete the sketch.

57. Speed of all vehicles prior to and at impact: Vehicle No. 1 prior \_\_\_\_\_ mph; at impact \_\_\_\_\_ mph

Vehicle No. 2: prior \_\_\_\_\_ mph; at impact \_\_\_\_\_ mph \_\_\_\_\_

58. Zone speed limit \_\_\_\_\_ mph. If posted, where in relation to accident scene

\_\_\_\_\_  
\_\_\_\_\_

59. Indicate any signals given prior to impact, by all vehicles involved (hand or electrical, horn, lights, etc.)

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60. Parts of all vehicles which came in contact with each other or with other object \_\_\_\_\_

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61. Client's vehicle: point where brakes were first applied and location and extent of tire, skid or scuff marks and any debris \_\_\_\_\_

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62. Other vehicles: point where brakes were first applied and location and extent of tire, skid or scuff marks and any debris \_\_\_\_\_

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63. Which vehicles were towed and which left under own power \_\_\_\_\_

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64. Damage to other objects such as parked cars, poles, signs, buildings, trees, etc. \_\_\_\_\_

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65. Weather conditions at time of the accident \_\_\_\_\_

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66. Visibility at the time of the accident (include lighting conditions and obstacles blocking clear view)

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67. Condition of the roadway \_\_\_\_\_

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68. Nature and exact location, at or near the scene of the collision, of the following: police officers, school crossing guards, traffic lights, stop signs and all other signs, such as: one way, school zone, slow, caution, yield, etc.

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69. Observations made prior to accident as to traffic conditions, traffic controls, other vehicles, pedestrians, etc.

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**WITNESSES**

70. Name(s), address(es) and telephone number(s) \_\_\_\_\_

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71. Family or other relationship to anyone involved in accident \_\_\_\_\_

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72. Location of witnesses in proximity to scene of accident \_\_\_\_\_

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73. Conversations, remarks and statements made at the scene of the accident, especially admissions as to fault; by and to whom and in whose presence:

a. By owner of client's vehicle, client, driver and other occupants \_\_\_\_\_

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b. By other vehicle's owner, driver and other occupants \_\_\_\_\_

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c. By witnesses and police officers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

74. Statements made to the police: identity of officer, date, time, in whose presence and details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

75. Statements made at hospital: by and to whom, in whose presence, date, time and details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

76. Location and availability of copies of all written statements \_\_\_\_\_  
\_\_\_\_\_

**INVESTIGATION**

77. Police called to the scene: by whom, identify officers by name, badge no. and precinct or headquarters  
\_\_\_\_\_  
\_\_\_\_\_

78. Indicate what arrests were made, summonses issued and disposition of matter \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

79. Police report available at \_\_\_\_\_

80. Copy of report to Motor Vehicle Division \_\_\_\_\_

81. Photos taken at the scene: by whom, date and time, location and availability of copies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

82. Details of investigation made by others. Indicate whether by insurance companies, adjusters, private investigators, etc. \_\_\_\_\_  
\_\_\_\_\_

83. Interviews \_\_\_\_\_  
\_\_\_\_\_

84. Present location of all vehicles. Location and availability of photos of damaged vehicles \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLIENT'S INSURANCE**

85. Automobile: company's name, address, telephone no., policy no. (PIP carrier) and named insured  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Active  Cut off

Tort Threshold option selected:  Verbal  Yes  No  
 Applicable  Yes  No

86. Agent's or broker's name, address and telephone no. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

87. Limits: public liability \$ \_\_\_\_\_ property damage \$ \_\_\_\_\_ medical \$ \_\_\_\_\_

88. Amount of coverage:  
Insured \$ \_\_\_\_\_ Uninsured \$ \_\_\_\_\_ Liability \$ \_\_\_\_\_ Other \_\_\_\_\_

89. Claims adjuster's name, address and telephone no. \_\_\_\_\_  
\_\_\_\_\_

90. Hospitalization: company's name, address and telephone no. \_\_\_\_\_  
\_\_\_\_\_  
policy no. \_\_\_\_\_ coverage \_\_\_\_\_

91. Number of vehicles in client's house \_\_\_\_\_

92. Accident: company's name, address and telephone no. \_\_\_\_\_  
\_\_\_\_\_  
policy no. \_\_\_\_\_ coverage \_\_\_\_\_

93. Other insurance: company's name, address and telephone no. \_\_\_\_\_  
\_\_\_\_\_  
policy no. \_\_\_\_\_ coverage \_\_\_\_\_

94. Insurance and other benefits already received: amount and source \_\_\_\_\_  
\_\_\_\_\_  
Income Continuation \_\_\_\_\_ Deductible \_\_\_\_\_

95. If Workers' Compensation is involved: carrier, compensation awarded and amount received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

96. Name insured \_\_\_\_\_

**INSURANCE — OF OTHERS INVOLVED IN ACCIDENT**

97. Names and addresses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

98. Company's name, address and telephone no. \_\_\_\_\_  
\_\_\_\_\_  
policy no. \_\_\_\_\_ coverage \_\_\_\_\_

99. Claims adjuster's name, address and telephone no. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLIENT'S PROPERTY DAMAGE**

100. Itemize damage to client's vehicle \_\_\_\_\_  
\_\_\_\_\_

101. Name and address of party making repairs. Attach copy of repair bills or estimates if no repairs made  
\_\_\_\_\_  
\_\_\_\_\_

102. Repairs authorized on \_\_\_\_\_ , \_\_\_\_\_ , repairs completed on \_\_\_\_\_ , \_\_\_\_\_  
(Month, Day) (Year) (Month, Day) (Year)

103. If vehicle was sold or otherwise disposed of, enter name and address of person to whom vehicle was transferred, date of transfer and consideration received \_\_\_\_\_  
\_\_\_\_\_

104. Market value of vehicle prior to accident \$ \_\_\_\_\_ before repairs \$ \_\_\_\_\_ after repairs \$ \_\_\_\_\_

105. If replacement vehicle used, show from whom and terms of hire, dates, nature of the use of vehicle and amount already paid \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

106. Additional expenses in connection with the loss of use of vehicle: costs of other means of travel, towing, storage charges, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

107. Detail extent of damage to client's other property, such as clothing, glasses, equipment, other paraphernalia, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

