

Product Liability - Factual Information (Including Property Damage)

INTERVIEW GUIDE

(For personal injuries and related damages use with form 480S)

File No. _____

Interviewed by _____ Date _____ Time _____ To _____

Referred by _____ Fee Arrangement _____

Date of Accident _____

Statute of Limitations expires _____

CLIENT - SPOUSE - CHILDREN

1. Full name _____ SSN _____

2. Other names used _____ Birthdate _____

3. Residence _____

Municipality _____ County _____ State _____ Zip _____

4. Telephone: Home _____ Business _____ Fax No. _____

5. If a minor or incompetent: names, addresses, and phone of parents and name, address, relationship and phone of guardian _____

SPOUSE

6. Full name _____ SSN _____

7. Other names used _____ Birthdate _____

8. Residence if different _____

Municipality _____ County _____ State/Zip _____

Telephone No. _____ Fax No. _____

CHILDREN

9. Name, sex, age and residence of minor children _____

DESCRIPTION OF PRODUCT

10. Name of product _____

11. Trade name and/or manufacturer _____

12. Model number and other identification _____

13. Description of product and use for which intended _____

14. Availability of copies of advertisements _____

PRODUCT FAILURE

15. Date and place of accident or period of exposure to product _____

16. How product was being used _____

17. Describe what happened _____

18. What did product do or fail to do that caused injury or damage _____

19. Cause of the product failure or malfunction (indicate presence or absence of any safety devices) _____

20. If instructions and warnings were not fully followed, explain any deviations _____

21. Client's awareness of danger in use of or exposure to product _____

22. Is the product or similar products made with safety devices? If so, were they available and in use? Explain

WITNESSES

23. Name, address, and phone number of each. Indicate family or other relationship to anyone involved in accident

24. Location of witnesses in proximity to scene of accident _____

25. Conversations, remarks and oral statements made at scene of accident, by and to whom, and in whose presence _____

26. Statements made to police: identify officer, date, time, in whose presence and details _____

27. Statements made at hospital, by and to whom, date, time, in whose presence and details _____

28. Location and availability of copies of all written statements (identify) _____

PURCHASE OF PRODUCT

29. Product was purchased on _____ for \$ _____ new used

30. Name, address and phone number of seller _____

31. Name and address of salesperson _____

32. If not purchased by client, then by whom and relationship to client _____

33. If not purchased, how acquired by client (rented, borrowed) explain _____

34. Describe containers, instructions, warnings and manufacturer's warranty which came with product _____

35. Availability of above _____

36. Verbal representations made at time of purchase, by and to whom, in whose presence and details _____

PRODUCT HISTORY

37. Ownership and control from original purchase to time of accident _____

38. Trace usage from original purchase to time of accident _____

39. Care and maintenance of and repairs to the product from original purchase to time of accident _____

40. Describe any trouble or difficulty with prior use of product _____

LOCATION OF PRODUCT

- 41. Present location of product and person in control _____

- 42. Present condition of product _____

- 43. Availability of same or similar products for inspection and testing _____

INVESTIGATION

- 44. Full details of any investigation of the incident, by whom and for whom. Availability of reports of investigation _____

- 45. If a report or complaint was made, give full details (to whom, by whom, dates, obtain copy and indicate response) _____

- 46. Details of experiences of others with this or similar products _____

PROPERTY DAMAGE

(If personal injuries are involved use form 480S for medical and related damages, lost wages, future earnings, etc.)

- 47. Describe in detail what property was damaged _____

48. Name and address of party making repairs. Attach copy of repair bills or estimates if no repairs made (indicate which were paid) _____

49. If any damaged items were sold or otherwise disposed of, enter name and address of person to whom sold or transferred, date and consideration received _____

50. Market value of damaged items prior to accident \$ _____ before repairs \$ _____
after repairs \$ _____

51. Itemize and explain additional expenses incurred, such as costs of replacement, storage charges, additional living expenses, etc. _____

INSURANCE

52. If there is insurance covering any of the damages, provide full details (i.e., homeowners, accident, medical insurance) _____

FOR OFFICE USE ONLY

Received

- | | |
|--|---|
| <input type="checkbox"/> Retainer Agreement | <input type="checkbox"/> Hospital and Medical Reports |
| <input type="checkbox"/> Police Report Authorization | <input type="checkbox"/> Medical and related bills |
| <input type="checkbox"/> Police Report | <input type="checkbox"/> Rental of appliances, etc. |
| <input type="checkbox"/> Photographs | |
| <input type="checkbox"/> Other | |