

Non Motor Vehicle Accident - Factual Information

INTERVIEW GUIDE

(For personal injury, use with 480 P.I.)

File No. _____

Interviewed by _____ Date _____ Time _____ To _____

Referred by _____ Fee Arrangement _____

Date of Accident _____

Statute of Limitations expires _____

CLIENT

1. Full name _____ S.S.# _____

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, fax numbers, of either parent and name, address, relationship, and telephone, fax numbers, of guardian

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

SPOUSE

6. Full name _____ S.S.# _____
7. Other names used _____ Birth date _____
8. Residence if different _____
- Municipality _____ County _____ State/Zip _____
- Telephone No. _____ Fax No. _____

CHILDREN

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

DETAILS OF ACCIDENT

10. Nature of accident (fall on sidewalk, stairs, elevator, escalator, wet floor, struck by falling objects, etc.)
- _____
- _____
- _____
11. Date _____ Time _____ Where _____
- _____
- _____
12. Details of accident (include negligent acts) _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

13. Unusual, dangerous or illegal conditions or circumstances _____

14. If weather conditions were a factor, explain (rain, snow, ice, water puddles, temperature, etc.) _____

15. If building, parking area or land is involved: (a) address (b) owner's name, address and telephone no. _____

16. Name, address and telephone no. of others having an interest in the property and nature of interest (tenant, licensee, concessionaire, person in charge or control, etc.) _____

17. Specify area in which accident took place _____

18. Warning signs or posted notices _____

19. Personal property involved: as to each object, thing, appliance, equipment or vehicle, describe fully, provide name and address of owner and operator _____

20. Name, address and telephone no. of others having an interest in the property and nature of interest (lessee, licensee, concessionaire, person in control, etc.) _____

21. What was client doing at time _____

22. Notification of accident (to whom, by whom, date, time, where and how) _____

PRIOR KNOWLEDGE BY CLIENT

23. Client's prior visit to same place (frequency, purpose and last previous time) _____

24. If causal conditions pre-existed accident, explain source of knowledge and how long before accident

25. Identify others having knowledge of pre-existing conditions _____

26. Notice to persons in authority or control or employees as to pre-existing conditions. Identify each and indicate how, when and where _____

27. Steps taken to correct or eliminate pre-existing condition (before and after accident) _____

28. Others who had same type of accident in same place or area (name, address, telephone no., date, and other details) _____

WITNESSES

29. Name, address and telephone no. of each _____

30. Family or other relationship to anyone involved in accident _____

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

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

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

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

35. Other statements: by and to whom, date, time, place, in whose presence, and details _____

36. Location and availability of copies of all written statements _____

INVESTIGATION

37. Police and others called to the scene: by whom, identify officers by name, badge # and precinct or headquarters _____

38. Police report available at _____

39. Photos taken at the scene: by whom, date and time, location and availability of copies _____

CLIENT'S INSURANCE

40. Accident: company, address and telephone no. _____
Policy # _____ coverage _____

41. Blue Cross - Blue Shield: company, address and telephone no. _____

Policy # _____ coverage _____

42. Major - Medical: company, address and telephone no. _____

Policy # _____ coverage _____

43. Other insurance: company, address and telephone no. _____

Policy # _____ coverage _____

44. Reports to client's insurance carriers: to whom, dates, how _____

45. Availability of copy of report _____

46. Insurance and other benefits already received: date, amount and source _____

47. If Workers' Compensation is involved: carrier, compensation awarded and amount received _____

INSURANCE OF THOSE LIABLE TO CLIENT

48. Names and addresses and connection to accident _____

49. Company's name, address and telephone and fax nos. _____

50. Report of Accident: date, to whom, by whom and how _____

51. Availability of copy of report _____

52. Claims adjuster's name, address and telephone and fax nos. _____

CLIENT'S PROPERTY DAMAGE

(For personal injury use with 480 P.I.)

53. Itemize in detail all damage to client's property (clothing, glasses, appliances and other paraphernalia)
