

# PENINSULA LAW FIRM PLLC

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Estate Planning • Probate • Real Estate • Business Formation • Elder Law • Personal Injury

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## PERSONAL INJURY REPORT

### A. INFORMATION ABOUT CLIENT

1. Your full name: \_\_\_\_\_  
First Middle Last

2. Street: \_\_\_\_\_  
\_\_\_\_\_

City State Zip Code

3. Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

4. Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

5. Mother's full name: \_\_\_\_\_

6. Father's full name: \_\_\_\_\_

7. Social Security No: \_\_\_\_\_

Driver License No: \_\_\_\_\_

### B. CLIENT'S MARITAL BACKGROUND

1. Are you currently married? Yes // No // If yes please answer the following:

a. Date of marriage: \_\_\_\_\_

b. Spouse's name: \_\_\_\_\_

c. Place of marriage: \_\_\_\_\_

d. Please furnish names, addresses, and birthdates of all children born as a result of your marriage:

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Name	Address	Birthdate
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

- 4) \_\_\_\_\_
2. Have you been married before? \_\_\_\_\_ If so, please answer the following:
- a. Date of marriage: \_\_\_\_\_ Spouse's name: \_\_\_\_\_
  - b. Place of marriage; \_\_\_\_\_
  - c. Date and how dissolved: \_\_\_\_\_
  - d. Please furnish names, addresses and birthdates of all children born as a result of your previous marriage.

Name	Address	Birthdate
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

C. CLIENT'S PREVIOUS ADDRESSES

Please list addresses where you have resided for the past three (3) years and the length of time at each residence.

Address	From	To
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

D. CLIENT'S WORK BACKGROUND

1. Are you presently employed? \_\_\_\_\_ If so, please indicate:
- a. Name of employer: \_\_\_\_\_
  - b. Address of employer: \_\_\_\_\_
  - c. Present job title and duties: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- d. How long have you been employed at this job? \_\_\_\_\_
  - e. What is your rate of pay? Gross: \_\_\_\_\_ Net: \_\_\_\_\_
  - f. How many hours per week do you work? \_\_\_\_\_
  - g. What was your gross income for the last twelve (12) months? \_\_\_\_\_
2. If you are not now working, have you in the past worked outside the home? \_\_\_\_\_ If so, please state as follows: (List according to dates of employment)

Name of Employer	Address	Dates of Employment	Nature of Work
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

3. Have you changed your employer or the nature of your work since the date of the accident? \_\_\_\_\_

If so, please explain fully the reason for termination or change of work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is your spouse presently employed? \_\_\_\_\_

If so, please furnish the following:

- a. Name of employer: \_\_\_\_\_
  - b. Address of employer: \_\_\_\_\_
  - c. Present job title and duties: \_\_\_\_\_
- \_\_\_\_\_

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

d. How long has spouse been employed at the job? \_\_\_\_\_

E. CLIENT'S MEDICAL BACKGROUND BEFORE THE ACCIDENT:

Your medical condition before the accident is of importance. The defendant will have available at the trial by means of medical and hospital records, insurance records, etc., a complete history of your past medical condition.

1. Were you ever in the hospital before this accident? \_\_\_\_\_

If so, please complete the following:

Name of Hospital	Length of Hospitalization	Date	Nature of Hospitalization
1) _____			
2) _____			
3) _____			
4) _____			

2. Have you ever been ill before this accident, other than for colds and minor illnesses?  
\_\_\_\_\_ If so, please complete the following:

Nature of Illness	Date	Name of Doctor
1) _____		
2) _____		
3) _____		
4) _____		

3. Have you ever had any accidents or injuries before the accident in this case which

required medical attention of any kind? \_\_\_\_\_

If so, please furnish the following information:

Name of Physician or Doctor	Dates Seen	Reasons
1) _____		
2) _____		
3) _____		
4) _____		

5. Have you had any prolonged or chronic health problems during your lifetime other than from the accident in this case? \_\_\_\_\_ If so, please describe fully:

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6. Have you used any drugs or medication regularly before the accident in this case? \_\_\_\_\_ If so, please give the date and reason:

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7. Have you ever had any auto, life or health insurance declined or canceled? \_\_\_\_\_ If so, please give the date and reason:

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F. MILITARY BACKGROUND

1. Have you ever been in the military service? \_\_\_\_\_ If so, please give dates:

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2. Type of discharge received: \_\_\_\_\_

3. Are you now or have you ever received any payments from the Veterans Administration, Social Security or other sources? \_\_\_\_\_ If so, please give details: \_\_\_\_\_

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G. POLICE RECORD:

1. Other than minor traffic offenses, have you ever been convicted of a crime? \_\_\_\_\_ If so, please give the following information:

Criminal Charge	Date	Place
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

2. Is there now or has there ever been a restriction on your driver's license? \_\_\_\_\_  
If so, please give details: \_\_\_\_\_

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3. Have you ever received any traffic tickets in the last five (5) years? \_\_\_\_\_

If so, please furnish the following information:

Nature of Traffic Ticket	Date	What was done about it?
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

H. CLAIMS AND COURT CASES

1. Have you ever sued anyone or been sued yourself for anything, including divorce? \_\_\_\_\_

2. Have you ever filed any kind of a claim against any insurance company for industrial insurance, for veteran's benefits or for any other reason? \_\_\_\_\_

If you have, please furnish full details regarding such claim(s):

Nature of Claim	Date	Result
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

I. EDUCATIONAL BACKGROUND

Please furnish us your education background:

Name	Location	No. of Years Attended	Year Left	Grad(?)	Degree
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- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

J. RELIGIOUS AND FRATERNAL BACKGROUND

1. Please list the fraternal organizations to which you now belong.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
2. Please list your religious affiliation at the present time. Please give us the name of your priest, pastor or rabbi, as well: \_\_\_\_\_

K. CLIENT'S INSURANCE

It is important that we are aware of all insurance, both auto and medical which you may have. Please furnish in detail the information indicated below.

1. Did you have auto insurance at the time of the accident? \_\_\_\_\_  
If so, please furnish the following information:
  - a. Name of company: \_\_\_\_\_
  - b. Name of agent: \_\_\_\_\_
  - c. Name of adjuster: \_\_\_\_\_
  - d. Does your insurance provide medical payments to you in connection with this accident? \_\_\_\_\_  
If so, have you made any claim for this medical insurance? \_\_\_\_\_
  - e. Does this insurance cover damage to your car (collision)? \_\_\_\_\_  
If so, how much is the deductible amount that you have to pay? \_\_\_\_\_

- f. How much insurance do you have on your automobile if you are sued by somebody else (liability coverage)? \_\_\_\_\_
2. Do you have any medical, health or other accident insurance and if so, furnish the following information:
- a. Name of company; \_\_\_\_\_
  - b. Address of company: \_\_\_\_\_
  - c. Name of agent: \_\_\_\_\_
  - d. Address of agent: \_\_\_\_\_

L. FACTS OF THE ACCIDENT

Please furnish all of the details regarding the accident that you can remember. Be as specific as you can with regard to distances, location of objects and other facts which pertain to your accident.

1. Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2. Describe the weather conditions at the time of the accident: \_\_\_\_\_  
\_\_\_\_\_

3. Describe the exact location where this accident happened. If this is an automobile case, please furnish the names of the streets or highways and describe how far the same are to the nearest city: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In the space below, please draw an illustration or diagram of the location of the accident and how it happened. Please be sure to label the drawing of any objects or persons.

NORTH

WEST

EAST

SOUTH

5. If there is anything that you feel is important about how this accident happened or about the accident that you have not mentioned, please provide below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M. AFTER THE ACCIDENT

1. Was this accident investigated by: City police: \_\_\_\_\_  
State Patrol: \_\_\_\_\_ Sheriff: \_\_\_\_\_
2. If this was investigated by the law, please furnish us the name of the officer and his badge number, if you know: \_\_\_\_\_
3. Did you sign any written statement for any law enforcement officer who might have investigated this accident? \_\_\_\_\_ When: \_\_\_\_\_  
Do you have a copy? \_\_\_\_\_
4. Have you talked to any insurance adjuster about this accident? \_\_\_\_\_ If so, please furnish the following information:

a. Name of insurance adjuster: \_\_\_\_\_

b. Name of insurance company he represented: \_\_\_\_\_

c. Do you have his card? \_\_\_\_\_ If so, please attach to this form.

d. Who was present at the time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Did you sign anything? \_\_\_\_\_ What did you sign? \_\_\_\_\_

\_\_\_\_\_

f. Did you get a copy of what you signed? \_\_\_\_\_ What did you tell him?

\_\_\_\_\_

\_\_\_\_\_

5. Were any tickets given by the police to anyone in connection with this accident?

\_\_\_\_\_ If so, please furnish the following information:

a. Name of person receiving ticket: \_\_\_\_\_

b. Nature of ticket given: \_\_\_\_\_

c. What was done about it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you know of anyone who might have any photographs, diagrams or other similar evidence regarding the accident or the scene of the accident, or any other facts about this accident? \_\_\_\_\_ If so, please give his name and address and the information you have about it.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

N. WITNESSES TO ACCIDENT

1. Do you know of any witnesses who saw the accident and came to the place of the accident after it happened? \_\_\_\_\_ If so, please list their names and addresses and where they were at the time of this accident: (If you need more room, use reverse side of sheet)

a. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Job: \_\_\_\_\_  
What does he know? \_\_\_\_\_

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b. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Job: \_\_\_\_\_  
What does he know? \_\_\_\_\_

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2. Please furnish the name of anyone who may know about your injuries. This would include members of your family, neighbors, friends, anyone who may know about your injuries or how they have effected you or what effect they may have had on your hobbies, activities, or physical condition in general. (Use reverse side of sheet it necessary.)

a. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Job: \_\_\_\_\_

What does he know? \_\_\_\_\_

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b. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Job: \_\_\_\_\_

What does he know? \_\_\_\_\_

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c. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Job: \_\_\_\_\_

What does he know? \_\_\_\_\_

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**O. STATEMENTS BY OTHER PARTY**

1. Do you know of anything the party responsible for this accident and your injuries might have said? This would include statements about how the accident might have happened or how it was the other parties fault or anything which the other

party, his employees, or other persons might have said. In giving this information, indicate the name and address of the person making the statement, the date, the names of all persons present at the time, and exactly what was said:

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P. MEDICAL TREATMENT AFTER THE ACCIDENT

1. HOSPITALIZATION

Name of Hospital	Length of Time	Reason
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

2. What doctors, Osteopaths, Chiropractors, physical therapists or dentists have you seen as a result of this accident?

Name of Drug or Medication	Where Purchased and When	Dosage
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

3. Have you had to have any special nurses or have any friends or others acted as a nurse in connection with this accident? \_\_\_\_\_ If so, please furnish the following information:

Name and Address	Dates	Amount Paid, if any
1) _____		
2) _____		
3) _____		
4) _____		

4. Have you had to hire or obtain anyone around the house as a result of this accident to help out? This would include babysitters, people to do washing, cleaning, etc., anyone who may have been obtained to come into the home and help out because of the accident? \_\_\_\_\_ If so, please furnish the following information:

Name of Person	Dates	Work Performed and Pay
1) _____		
2) _____		
3) _____		
4) _____		

5. Have you used any of the following in connection with treatment?

Back or neck brace: \_\_\_\_\_ Dates: \_\_\_\_\_

Crutches: \_\_\_\_\_ Dates: \_\_\_\_\_

Traction: \_\_\_\_\_ Where: \_\_\_\_\_ Dates: \_\_\_\_\_

Physiotherapy: \_\_\_\_\_ Where: \_\_\_\_\_ Dates: \_\_\_\_\_

Other: \_\_\_\_\_

6. Describe in detail what injuries you received in the accident. If you received broken bones, describe these specifically. Please indicate here what injuries you received as a result of this accident in as great a detail as you are able to: Also include prior injuries that have been made worse by this accident.

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7. If not fully covered above, what does the doctor say about the injuries you received in this accident: \_\_\_\_\_

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8. Describe in detail what has been done for you since the accident. Include the treatment you received at the hospital, what the doctor has prescribed for you, what you do to take care of the injuries you received.

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**Q. OUT OF POCKET EXPENSES**

We would like to have all of the bills that you have received because of this accident.

Please attach them to this questionnaire. We would like you now to list the expenses incurred as a result of this accident in detail.

1. Physicians & Surgeons:

Name	Address	Amount	Paid	By Whom
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

2. Ambulance:

Name	Address	Amount	Paid	By Whom
1)				
2)				
3)				
4)				

3. Hospitals:

Name	Address	Amount	Paid	By Whom
1)				
2)				
3)				
4)				

4. Special Nurses:

Name	Address	Amount	Paid	By Whom
1)				
2)				
3)				
4)				

5. Domestic Help:

Name	Address	Amount	Paid	By Whom
1)				
2)				
3)				

4) \_\_\_\_\_

6. Drugs - Medications:

Name	Address	Amount	Paid	By Whom
1) _____				
2) _____				
3) _____				
4) _____				

7. Crutches, Braces or Traction:

Name	Address	Amount	Paid	By Whom
1) _____				
2) _____				
3) _____				
4) _____				

8. X-Rays:

Doctor	Date	Address	Amount	Paid
1) _____				
2) _____				
3) _____				
4) _____				

9. Auto Repair:

Name of repair company: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of repair bill to include towing: \_\_\_\_\_

10. Car Rental:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount of car rental: \_\_\_\_\_  
Dates car rented: \_\_\_\_\_

11. Wage Loss:  
Dates missed from work due to accident: \_\_\_\_\_  
\_\_\_\_\_  
Number of hours missed from work because of accident: \_\_\_\_\_  
\_\_\_\_\_  
Amount per hour lost because of accident of basis of wage per week or month:  
\_\_\_\_\_  
Total amount of wage loss: \_\_\_\_\_

12. Please summarize your total out of pocket expenses on the following list:

1.	Physicians & Surgeons.....	\$ _____
2.	Ambulance.....	\$ _____
3.	Hospitals.....	\$ _____
4.	Nurses.....	\$ _____
5.	Drugs.....	\$ _____
6.	Crutches, braces or traction, etc.....	\$ _____
7.	X-Rays.....	\$ _____
8.	Domestic Help.....	\$ _____
9.	Auto Repair.....	\$ _____
10.	Car Rental.....	\$ _____
11.	Lost Wages.....	\$ _____
12.	Other.....	\$ _____
	TOTAL	\$ _____

13. Effect of Injuries:  
This is one of the more important parts of the questionnaire. We would like you to

think about the effect of the injuries upon your normal activities. We would like you to describe this in detail for us your normal activities before the accident.

Activity	How Often
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
9. _____	_____

14. Now we would like you to describe in detail those hobbies and activities listed above which you have not been able to perform after the accident or can be performed only with difficulty. Please describe the exact effect of the accident upon your ability to perform these activities.

1) _____
2) _____
3) _____
4) _____

15. With regard to your work around the home and your employment, if any, we would like to know what effect these injuries have had. We would like you to list the exact nature of the activities such as climbing stairs, ironing, cutting grass, dancing, lifting children, etc., and the effect which the injuries have had upon each activity. With respect to any employment, we would like to know the exact work required such as lifting boxes, driving trucks, physical activity, etc., and the effect of the injuries upon such activity. Please furnish exact details.

1) _____
2) _____
3) _____
4) _____

16. Were you ever confined in bed at home as the result of this accident? \_\_\_\_\_

If so, please give the dates when you were confined in bed and the reason.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

17. If you were attending school at the time of the accident and lost time from school, please furnish the dates you lost time from school and the reason.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

18. Were you at any time confined to your home after the accident and not confined to bed? \_\_\_\_\_ If so, please furnish the dates and the reasons for such confinement.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

19. Please describe in detail any pain which you have experienced because of the accident and the frequency and nature of it.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

20. If not previously listed, have you experienced any other difficulties of any kind because of this accident? \_\_\_\_\_ If so, please describe in detail.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

21. Please describe how you are getting along and how you feel at the present time.

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R. MISCELLANEOUS

1. Do you have or are you aware of any photos which were taken pertaining to this accident? \_\_\_\_\_ If you have them, please attach them to this questionnaire.

2. Have you received any awards or special recognition of any kind during your lifetime? \_\_\_\_\_ If so, please describe the same.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

3. Can you think of anything that you have not told us about that may have some bearing upon your case? If so, please indicate this on the following lines.

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4. In completing this interview outline, have you thought of any information which we may not have asked you and which may be of some assistance to us in connection with your accident claim? \_\_\_\_\_ If so, please indicate this on the following lines.

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DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

I have read the above statement and believe it to be true and correct.

\_\_\_\_\_  
Client