

Auto Accident Interview Sheet

Name: _____

Address: _____

City/St/Zip: _____

Telephone (H): _____

Cell: _____

Email: _____

English ☐ Spanish ☐ Other ☐ _____

Employer: _____

Work Address: _____

City/St/Zip: _____

Do you have health coverage? Yes ☐ No ☐ If so, name and id number: _____

Name, address, relation and telephone number of friend or relative not living with you: _____

Marital Status ☐ M ☐ S ☐ Sep ☐ D

Male ☐ Female ☐

Your Date of Birth: _____

Dependents (names & ages) _____

Social Security No. _____

Occupation: _____

How long there? _____

Weekly income(gross & net): _____

Are you collecting Unemployment, Temporary Disability, or any other type of income assistance?
☐ Yes ☐ No If YES, please specify: _____

Date of accident: _____

YOUR VEHICLE

Owner of your vehicle: _____

Address: _____

City/St/Zip: _____

Telephone: _____

Insurer: _____

Uninsured motorists' coverage? ☐ Yes ☐ No

Operator: _____

Registration No. _____

Passengers: _____

Were you: ☐ operator ☐ passenger

Was police report taken? ☐ Yes ☐ No

Was acc. report filed w/ RMV? ☐ Yes ☐ No At intersection with: _____

Were you taken by ambulance? Yes ☐ No ☐ If so, which city/town? _____

Brief description of accident: _____

City/Town: _____

OTHER VEHICLE

Owner: _____

Address: _____

City/St/Zip: _____

Telephone: _____

Insurer: _____

Operator: _____

Registration No. _____

Passengers: _____

Location of accident: _____

Street: _____

Names and addresses of doctors and/or hospitals (include dates of treatment):

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Description of your injuries: _____

FOR OFFICE USE ONLY

Date of Interview: _____

By: _____

Source of Referral: ☐ Yellow Pages _____

☐ Other: _____

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