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PERSONAL INJURY INTAKE

Name:

Date of Birth:

Date of Accident:

Attorney:

Vehicle type involved (your vehicle):

Other vehicle(s) involved:

Your position in the vehicle:

Briefly describe how the accident occurred:

Were you wearing a seatbelt?:

Did the airbags deploy?:

Did you hit anything inside of the vehicle?:

Did you lose consciousness? If so, how long?:

Were you confused or shaken up after the accident?

Did you go to the emergency room? If so, which ER and location:

Have you seen any other doctor(s) since the accident? If so, who?: