

**Law Offices of
 Adam M. Kotlar**
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 Cherry Hill, NJ 08003
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ACCIDENT INFORMATION

CASE TYPE: _____

DATE OF ACCIDENT: _____

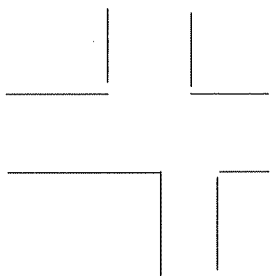
DATE OF INTAKE _____

CLIENT:

NAME:			
ADDRESS			
PHONE:	(H)	(C)	
(W)		(F)	
Email:			
DOB:	SS#		
FACEBOOK? Y N Name:	TWITTER? Y N Name:	MYSPACE / BLOG? Y N Name:	
MARRIED? Y N	SPOUSE NAME:		
CHILDRENS AGES:	REFERRAL:		

ACCIDENT FACTS:

DATE:	
TIME:	
WEATHER:	Clear/Dry Rain/Wet Snow/Ice
LOCATION: LANDMARKS:	
Position:	Driver Passenger Pedestrian Fall

DESCRIPTION: 			
POLICE:			
CHARGES			
WITNESSES:	Name:	Address:	Statement:

CLIENT'S VEHICLE:

VEHICLE:	
TAG#	
Damage:	
Owner:	
Location:	
Towing co:	

CLIENT'S INSURANCE

Carrier:	
Address:	
Phone:	
ADJUSTER:	
Policy#	
CLAIM #	

Insured:				
TORT OPTION:	Verbal	None	Limited	Full
Col. Cov.	Yes	No	Deductible \$	
UM/UIM				
P I P DEDUCTIBLE:	\$		Wage Option \$	
How many cars on policy?		OWNER	RELATIONSHIP	
How many cars in house?				
Additional Policies?				

HEALTH INSURANCE:

MEDICAL COVERAGE:	Company			
	Address			
	Adjuster			
	Phone		Fax	
	Agreement#			
	SUBSCRIBER			

EMPLOYMENT:

EMPLOYER:	
Address:	
Occupation:	
Salary:	
MISSED TIME	

DISABILITY PLAN			
REPORTED TO		WHEN	
RECEIVING TEMP			
RECEIVING AUTH MED			

INJURIES:

PAST MEDICAL HISTORY: PRIOR CLAIMS:			
		PROVIDER	FINDINGS
CURRENT COMPLAINTS:	E.R.		
	HOSPITAL: ADM.DATE:		
	X-RAYS: Date:		
	MRI: Date:		
	GP:		
	SPEC:		
	P/T:		
	FAM. DR.		
	Ambulance Co.		
	OTHER:		

MEDICARE/MEDICAID/SS BENEFITS

Medicare	Eligible	/	Receiving
Medicaid	Eligible	/	Receiving
Social Security	Eligible	/	Receiving

DEFENDANTS:

NAME:		
ADDRESS:		
PHONE:		
D/B:		
OP#		
VEHICLE:		
Damage:		
Owner:		
INSURANCE:		
Policy #		
Limits		
Insured:		
Claim #:		
Adjuster:		

DOCUMENT REQUEST LIST

	Check if Requested	Check if Attached	Identify why not attached, and when it will be provided and by whom
Fee Agreement			
Medical Authorization			
Drivers License			
Health Insurance Card			
Complete Auto Insurance Policy For Each Car in House			
Two Most Recent Pay Stubs			
Two Previous Year Tax Returns			
Medical Records			
Repair Estimate			
Police Report			
Photos of Property Damage			
Photos of Accident Scene			
Photos of Injuries			
Correspondence received from any insurance company			