## Cusimano, Roberts & Mills, LLC Personal Injury Interview Form

Name:		d/a:		
		Special Statute of Limitations		
Address:		or Notice:		
		Phone:		
Nam	ne:			
Add	ress:			
		Phone:		
	VS.			
Nam				
	ress:			
Nam				
Add	ress:			
	SCENE:			
	Weather and Road Conditions:			
	71 1 102	Time:		
(1)	Plaintiff's age:			
	Plaintiff's age:			
	Defendant's age:			
	Defendant's age:			
(2)	Employment:			
	Address:	Phone:		
	(c) Approx. loss of wage:			
(3)	Items lost or damaged (clothing, jewelry, etc.):			
	(a) Approx. cost:			
(4)	Plaintiff's vehicle type and location:			
Lice	nse No:	Photo:		
(5)	Defendants's vehicle type and location			
ζ- )				
License No:		Photo:		
(6) Facts of Accident:				

7)	Plair	Plaintiff's and Defendant's Insurance Coverage:			
	(a)	(a) Defendant's Company - Name and address of adjuster:			
	(b) Did plaintiff give statement and if so, to whom and what type:				
	(c)	Plaintiff's Company	(coverage-M.P.C., collision,		
	(Nan		liability, uninsured motorist)		
	(d)	Plaintiff's Adjuster (Name) (Addre	ss) (Phone)		
8)	Witn	nesses (including passengers	)		
	ne)	(Address)	(type and/or location of witness and Phone)		
Nar	MEDICAL INFORMATION (one sheet for each plaintiff)				
	MEI	DICAL INFORMATION (or	ic sheet for cach planning		
Nan 9)		D MATERIA DA DA CE	ic sheet for each plaintiff)		

(b) (Name)	Plaintiff's Doctors:  (Address)	(Phone)	(bill)
(c) (Name)	Hospitals: (Address)	(Hospitalization period)	(bill)
(d) (Name)	Drugs and miscellaneous me (Address)	dical expenses:  (nature)	(bill)
(e)	Prior injuries (nature, date, de	octors, etc.)	
(Sta	ice report: Yes/No: ate, County, City): rests: eck and initial when completed: Client contract signed Medical authorizations signe Instruction sheet given to clie Police report ordered		

*	Doctors' reports received	
*	Hospital reports ordered	
*	Hospital reports received	
*	Coroner's inquest ordered	
*	Investigator memo	
*	Suit filed	