



ATTORNEYS AT LAW

SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

INITIAL INFORMATION
Injuries other than Auto Accident

In addition to your general personal information, where you were not involved in an auto accident, during our initial meeting you will be asked to provide the following information: **(Note: All information required below can usually be gathered by the firm if you are only able to provide limited information. Therefore, do not worry if you do not know all of the needed information at your initial meeting. Bring with you all documentation you have gathered to assist in the information gathering process).**

1. Social security number
2. Whether you have experienced any lost wages, and if so:
 - a. Employer's address
 - b. Your rate of pay
3. Your health insurance information including: (Most information can be determined from the insurance card issued to you by your insurance carrier).
 - a. Name of insurer
 - b. Address of insurer
 - c. Phone numbers of insurer
 - d. Policy numbers and
 - e. Claim numbers
4. Details about the accident such as,
 - a. Date and place of accident
 - b. A description of how the accident occurred
 - c. Whether there were any photographs taken
 - d. Whether there were any witnesses to the accident and, if so, who,
 - e. Whether you were medically treated at the accident scene
 - f. Whether you were treated at an emergency room.
5. A brief description of your known and suspected injuries.
6. Your medical history before the accident including:
 - a. All prior injuries requiring medical attention
 - b. Details of all prior medical providers, including names, addresses and phone numbers
7. Details about your current medical providers including names, addresses and phone numbers.

Richard K. Barra • John L. Bryan Jr. • S. Brian Bull • Barry D. Carothers
J. Richard Harris • Cynthia J. Jackson • John M. Jorgensen • Kevin M Rys (of counsel) • Kevin M. Wagner (of counsel)

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INITIAL INFORMATION

Auto Accident

In addition to your general personal information, if you were involved in an auto accident, during our initial meeting you will be asked to provide the following information:

(Note: All information required below can usually be gathered by the firm if you are only able to provide limited information. Therefore, do not worry if you do not know all of the needed information at your initial meeting. Bring with you all documentation you have gathered to assist in the information gathering process).

1. Social security number
2. Driver's license number
3. Whether you have experienced any lost wages, and if so:
 - a. Employer's address
 - b. Your rate of pay
4. Your auto and health insurance information including: (Most information can be determined from the insurance card issued to you by your insurance carrier)
 - a. Name of insurer
 - b. Address of insurer
 - c. Phone numbers of insurer
 - d. Policy numbers and
 - e. Claim numbers
5. Details about the accident such as,
 - a. Date and place of accident
 - b. A description of how the accident occurred
 - c. The owner of the vehicle you were in
 - d. The make and model of the vehicle you were in
 - e. Whether you were driving or a passenger in the vehicle
 - f. The damage to the car you were in
 - g. Whether there were any photographs taken of the car
 - h. Whether there is a bill or estimated cost of repairs
 - i. The name and address of the repair facility, if any
 - j. The name and number of the property adjuster, if any
 - k. The type of investigating department:(highway patrol, sheriff, local police), if any

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- l. The investigating officer's name and/or number, if known
- m. The investigation's case number, if known
- n. Whether a citation was issued and, if so, to whom
- o. Whether there were any witnesses to the accident and, if so, who
- p. Whether any vehicles were towed and, if so, by whom
- q. Whether you were medically treated at the accident scene and
- r. Whether you were treated at an emergency room
6. Details about your own car ownership at the time of the accident such as:
 - a. Whether you owned any vehicles. If yes:
 - b. The make and model of each
7. Details about your home life, such as:
 - a. The name of all persons who live with you and their relationship to you
 - b. All cars owned by the above persons and
 - c. The insurance maintained on the above car(s)
8. A brief description of your known and suspected injuries
9. Your medical history before the accident including:
 - a. All prior injuries requiring medical attention
 - b. Details of all prior medical providers, including names, addresses and phone numbers
10. Details about your current medical providers, including names, addresses and phone numbers
11. All known information about the person or persons who caused the accident

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