



JZ helps
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SUPPLEMENT

Information Questionnaire – Motor Vehicle Accident

The following questionnaire is a guide to identifying the many issues in a motor vehicle accident case. If a question is not applicable, write "N/A."

THE COLLISION

Date: _____ Time: _____

Municipality: _____ County: _____

Daylight _____ Dark _____ Weather conditions: _____

Describe the location of the accident (as to intersections or fixed object):

Police department investigating the accident: _____

In your own words, give a comprehensive account of the facts leading up to, during, and following the accident or incident about which you are complaining:

How did you leave the scene of the accident? _____

Were photographs or videotapes taken at the scene of the collision?

If so, please state the name and address of the person who took them and the person who has possession of them:

Was the news media present at the scene? _____

If so, which station or newspaper? _____

Were you questioned by the police? _____

Did you give or sign a statement? _____

For whom? _____ When? _____

Do you have a copy of the statement or statements? _____

Have you been questioned by an insurance adjuster or investigator?

When? _____ Where? _____

Name of person who questioned you? _____

Was anyone else present? _____

Did you sign any papers? _____

Were you given a copy? _____

Please list below everything you believe the defendant did that caused or contributed to the cause of the accident.

DIAGRAM OF COLLISION

On the reverse side of this page, please draw a detailed diagram of the accident scene and vehicles. Please email us the driver exchange of information or crash report if you have it.

ONSTAR OR SIMILAR PROVIDER

Does the vehicle that you were in at the time of the incident have an Onstar or a similar Automatic Crash Response, Emergency Services or security plan? (Yes or No): _____

If yes, please request the Onstar report and provide us with your Onstar account number. Onstar or other provider Account # :

If you were involved in a collision that occurred in an intersection, did the intersection have a red light video camera(s)? (Yes or No): _____

VEHICLES INVOLVED IN THE ACCIDENT

10. Please provide the following information relating to your vehicle:

Make and model: _____

Model year: _____

License tag number: _____

Names of all persons who have an ownership interest:

If the vehicle is financed, name of finance company:

Location of vehicle at the present time: _____

Has anyone taken photographs of the vehicle? _____

If so, please state the name and address of the person who took them and who has possession of the photographs:

INSURANCE

14. Your Automobile Insurance _____

Name and address of automobile insurance company:

Policy number: _____

Claim number: _____

Adjuster's name: _____

Vehicles listed on policy: _____

Personal injury protection coverage? _____

Liability coverage? _____ Amount: _____

Uninsured motorist coverage? _____ Amount: _____

Medical payments coverage? _____ Amount: _____

Collision insurance? _____ Deductible amount: _____

“Resident Relative” Automobile Insurance

“Resident Relative” means any person who you lived with at the time of the crash, and who you are related to (e.g. a parent, child, aunt, uncle, niece, nephew, grandparent, grandchild, etc.)

Legal Name of “Resident relative”

Name and address of automobile insurance company:

Policy number: _____

Claim number: _____

Adjuster's name: _____

Vehicles listed on policy: _____

Personal injury protection coverage? _____

Liability coverage? _____ Amount: _____

Uninsured motorist coverage? _____ Amount: _____

Medical payments coverage? _____ Amount: _____

Collision insurance? _____ Deductible amount: _____

EXTRA SPACE IS BELOW FOR ANSWERS.

Question #

Answer

Blank Page

Question #

Answer