

CASE QUESTIONNAIRE – MOTOR VEHICLE ACCIDENT

Roy E. Link Law Office
577 – 2nd Street SE
Medicine Hat, AB T1A 0C5

Phone: 403-527-7736
Facsimile: 403-527-7636
Email: Roy.Link@royelinklawoffice.com

Please print clearly the answers to all of the following questions. The answers can be provided on this questionnaire or where necessary on the back of each page so long as the numbers on the front and back correspond in order that we can easily determine which questions you are answering.

PERSONAL INFORMATION

1. FULL legal name:	
2. Address including postal code:	
3. Home phone number:	4. Work phone number:
5. Cell phone number:	6. Email address:
7. Which is your preferred method of contact?	
8. Do you have a facebook account? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If you have a facebook account we strongly recommend that you restrict your privacy settings to allow only your friends to view your page and photographs.</i>	
9. Date of Birth:	10. Alberta Health Care No.:
11. SIN:	12. Where do you bank:
13. Marital Status:	No. of Years:
14. Dependant Children (names and dates of birth):	
15. Full name of Spouse (if applicable):	
16. Spouse's cell phone number:	17. Spouse's work number:
18. In the event that we wish to contact you quickly and cannot personally reach you, provides name(s), address(es) and phone numbers (home and work) or close relative, friends or employers that we can deal with on your behalf:	
Name: _____	
Address: _____	
Phone Numbers: _____	Relationship: _____
Name: _____	
Address: _____	
Phone Numbers: _____	Relationship: _____

19. Any information we receive with respect to your file of a confidential nature will not be disclosed to Third parties without your specific authorization. In many cases clients have members of their immediate family or close friends assist them with their claim. You may wish to authorize the release of information to them, and if so, please list their name(s) below:

DETAILS OF THE ACCIDENT

20. Please indicate the date, time and exact location of the accident:

21. What direction were you going and which lane were you in?

22. What was the posted speed limit, were there any traffic controls?

23. Where were you coming from? _____
Where were you going to? _____
What was the speed of each vehicle? _____
Were you wearing your seatbelt? _____

24. In your opinion, how did the accident occur?

25. Please describe:

- (a) The road surfaces and conditions: _____
- (b) Were there any lane markings? _____
- (c) What were traffic conditions like? _____
- (d) Were headlights required? _____
- (e) What were the weather conditions? _____
- (f) Was visibility good/poor? _____
- (g) Did you signal your intention to turn? _____
- (h) Did the other driver signal its intention to turn? _____
- (i) What is the name of the other driver? _____
- (j) Did you hear any sounds (tires squealing, crashes etc)? _____

26. Were the police contacted? _____
Did they attend the scene? _____
Did they (or you) take photos of the scene? _____

Have you made any statements (written or verbal)? _____

To whom? _____

Was anyone charged? _____

Have charges been heard in Court? _____

What was the name of the officer? _____

Do you have a copy of the police report? yes no ***we require a copy of the police report***

27. VEHICLE INFORMATION

YOURS

(a) Make, model, year and colour: _____

(b) Licence plate no. and province: _____

(c) Was your vehicle damaged and to what extent? _____

(d) Who paid for your repairs? _____

OTHER DRIVER

(e) Make, model, year and colour: _____

(f) Licence plate no. and province: _____

28. INSURANCE INFORMATION

YOURS

(a) Insurance Company: _____

(b) Claims Adjuster: _____

(c) Policy Number: _____

(d) Has this incident been reported to your insurance _____

(e) Do you have Family Protection Endorsement (SEF44)? _____

OTHER DRIVER

(f) Insurance Company: _____

(g) Claims Adjuster: _____

(h) Policy Number: _____

(i) Has this incident been reported to their insurance? _____

29. WITNESSES:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

29. WITNESSES (continued):

Name: _____

Address: _____

Phone: _____

If you spoke with any witnesses, please provide their version of how the accident happened

MEDICAL INFORMATION/BACKGROUND

30. In point form, describe the injuries that you sustained in the accident. Please circle any of the following that apply and elaborate further in the space provided below:

bruises, stiffness, pain, dizziness, nausea, broken bones, whiplash, cuts, torn muscles, torn ligaments, headaches, clicking of the jaw (TMJ)

**were you looking straight ahead or to the side at impact? _____

** please provide our office with any photographs that you have of any bodily areas injured in cases of fracture, scars, burns, etc.

31. Please outline any treatment received to date including walk-in, emergency room, family doctor visits, physical therapy, massage therapy, chiropractic care:

(a) Were you taken to the hospital by ambulance? _____

(b) Were x-rays taken, if so, what were the results? _____

(c) Were you admitted to the hospital? _____

32. Which of the above noted injuries still cause you problems and how are you affected:

- (a) At home: _____
- (b) At work: _____
- (c) During social engagements: _____
- (d) During hobbies: _____
- (e) During sports: _____
- (f) Ability to sleep at night _____

33. Please list tasks/hobbies that you can no longer do (i.e. shovel snow):

34. Please list tasks that you can no longer do as well (i.e. hobbies):

35. Fully set out the details of any previous injuries sustained by you and dates thereof:

36. Have you ever been involved in any previous law suits of any kind? If so, please provide the nature of the litigation?

EMPLOYMENT/INCOME INFORMATION AND BACKGROUND

37. AT THE DATE OF THE ACCIDENT:

- (a) Who is your employer? _____
- (b) Address: _____
- (c) Phone Number: _____
- (d) Provide the name of the person from whom we can obtain information: _____
- (e) How long have you been at this job? _____
- (f) What is your current gross salary per month? _____
- (g) Are you paid hourly or monthly? _____

- (h) Do you work full-time or part time? _____
- (i) What is your position? _____
- (j) Calculate your total wage loss from the date of the accident to present: _____

38. PRIOR TO THE ACCIDENT (work history for the past 7 years):

- (a) Who is your employer? _____
- (b) Address: _____
- (c) Phone Number: _____
- (d) Provide the name of the person from whom we can obtain information: _____
- (e) How long have you been at this job? _____
- (f) What is your current gross salary per month? _____
- (g) Are you paid hourly or monthly? _____
- (h) Do you work full-time or part time? _____
- (i) What is your position? _____
- (j) Dates of Employment: _____
- (k) Reason for termination: _____

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- (b) Address: _____
- (c) Phone Number: _____
- (d) Provide the name of the person from whom we can obtain information: _____
- (e) How long have you been at this job? _____
- (f) What is your current gross salary per month? _____
- (g) Are you paid hourly or monthly? _____
- (h) Do you work full-time or part time? _____
- (i) What is your position? _____
- (j) Dates of Employment: _____
- (k) Reason for termination: _____

39. Please provide an explanation for any gaps in your work history:

EDUCATIONAL BACKGROUND

40. HIGH SCHOOL

- (a) Did you complete high school? yes no
- (b) If YES - What year did you graduate? _____

- (c) If NO - What year did you complete? _____
- (d) What high school did you attend? _____
- (e) Where did you attend high school? _____

41. POST SECONDARY EDUCATION

- (a) Did you attend college, university, trade school or technical institute? yes no

If YES

- (b) Where? _____
- (c) Name of diploma/degree obtained: _____
- (d) Year of graduation: _____
- (e) If you didn't graduate, please indicate the length of the course and the number of years completed: _____

43. Please provide any additional information with respect to trade qualifications, etc. obtained since leaving school:

WHY/HOW DID YOU COME TO USE OUR FIRM:

- Referred by friend or family member
- YellowPages Phonebook
- YellowPages Online
- Our Website
- Internet Search Engine
- Location of our office
- Other: _____

Completed the _____ day of _____, 20 _____.

Signature of client

The information you supply will be an important basis to my handling of your case and will not only confirm some of the information I already have but will also identify people who might be able to provide additional information.