



**Nnaka & Associates,  
Chartered.**

**A FULL SERVICE LAW FIRM**



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## PERSONAL INJURY INTAKE FORM

### I. PERSONAL FACTS:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Beginning Date of Employment: \_\_\_\_\_

Salary: \$\_\_\_\_\_ per \_\_\_\_\_

Other Employment Compensation:

Bonuses: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Vacation Pay/Policy: \_\_\_\_\_

Pension/Profit Sharing: \_\_\_\_\_

Other: \_\_\_\_\_

Dates Lost From Work Because of This Injury: From \_\_\_\_\_ to \_\_\_\_\_

Total Amount of Employment Compensation Lost: \_\_\_\_\_

### II. ACCIDENT:

Date of Accident: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Day of Week: \_\_\_\_\_

Location: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Person who Caused the Accident (Indicate Name, Address, Telephone (if known), and Name of

Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Defendant Insurance (If Known):**

Insurer (Indicate Name, Address & Telephone): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policy #: \_\_\_\_\_

Have you Filed Any Reports With or Made Any Statements to Defendant's Insurer? If

Yes, Indicate Date(s) and Substance of Report/Statements): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were there any witnesses of the event: Y \_\_\_ or N \_\_\_ If yes, please fill out the following:

A. Witness #1:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**B. Witness #2:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**General Description of What Happened:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accident Report:**

Police Report: Yes \_\_\_\_ / No \_\_\_\_ Agency: \_\_\_\_\_

Other Reports? (Indicate Date and To Whom): \_\_\_\_\_

\_\_\_\_\_

Your Insurance:

Policy #: \_\_\_\_\_

Company Name, Address and Telephone: \_\_\_\_\_

\_\_\_\_\_

Agent (Name and Telephone): \_\_\_\_\_

\_\_\_\_\_

Insurance Claim/Report Made? (Indicate When and Substance of Claim/Report): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Damages From This Accident:

Other Than Personal Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical - Describe Your Injury and Condition Fully: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hospital(s) Where Treated (Indicate Name, Address, Telephone, Dates of Admission and Release, and Amount of Charges; Attach Bills if Available): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctors Seen for Diagnosis/Treatment (Indicate Name, Address, Telephone, Dates, and Amount of Charges; Attach Bills if Available): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Procedures (Indicate All Medical Procedures, i.e. MRI, x-rays, ultrasounds, etc.):

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Medication Prescribed (Indicate All Medication Taken in the Past and Present as a Result of the Accident and What Treatment the Medication is for):

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Other Special Damages (e.g., Ambulance, Private Nurses, Extra Household Help, Transportation, Car Rental, Day Care) (Indicate To Whom Paid, Address, Dates, Amount of Charges; Attach Bills if Available):

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Prior Accidents Causing Injury to You (Include Dates):

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Have you ever been a part of any legal proceedings prior (List all prior criminal and civil cases.

Please briefly describe each event and provide the court in which the suit was filed, the case number and the final outcome):

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