

## PERSONAL INJURY PREPAREDNESS CHECKLIST

Please provide the following contact information: *(Type or Print)*

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

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

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Location of Accident: \_\_\_\_\_  
(Town/City and place or closest intersection)

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

### Other Persons Involved:

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

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

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Insurance Co. Name: \_\_\_\_\_

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

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

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

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Insurance Co. Name: \_\_\_\_\_

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

Did you Take Photographs?  Yes  No *(If digital, you may email to scott@fegleylaw.com)*

### Witnesses:

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

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

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Phone: \_\_\_\_\_  
cell

Email: \_\_\_\_\_

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

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

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Phone: \_\_\_\_\_  
cell

Email: \_\_\_\_\_

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

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

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Phone: \_\_\_\_\_  
cell

Email: \_\_\_\_\_

Police Department: \_\_\_\_\_ Officer's Badge or Incident No.: \_\_\_\_\_

Hospitals/Doctors Seen: \_\_\_\_\_

List any other relevant information: *(e.g. location of objects involved in accident)* \_\_\_\_\_

**Do Not Discuss the Accident or sign anything before you speak with us.**  
**Please bring this to your first consultation along with a copy of your insurance policy.**