



Premises / Slip and Fall Information

Date of Accident: _____ Time: _____

Police Agency that responded to 911 call? _____

Incident Report Filed: _____ **(PLEASE ATTACH COPY IF YOU HAVE COPY)**

Name of Person who completed the Report? _____

Name of Business/ Home Owner: _____

Location: Street Address: _____

City: _____, County: _____, State _____ Zip: _____

Why were you at a specific Business on the Day of Incident? If yes, explain

Address: _____

Phone: _____

Fax Phone: _____

Name of Franchisee: _____

Address: _____

Phone: _____

Fax Phone: _____

Do you have a copy of a receipt or exact proof of the date of your incident? Yes Attach: _____ or No

Name of Mall/Shopping Center (if business is located in a commercial center): _____

Persons who saw or witnessed your incident/fall: _____

Employees of Business/Home Involved in Incident: _____

Describe the Incident (in your words) – write on back if necessary.



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Do you remember hearing or seeing anything out of the ordinary? Discussions between employees of the business or location... Did you see any defect in the structure of the location or place? (Examples: Why was there pooling water? Leak in Roof (ceiling tiles, ice machine)? How long do you think the condition was present in the area or location of your fall or injury?

If you have not already done so, we need photographs of the location at or about the time of the incident. We will explain how to help you photograph the area properly with lighting and focus on the key issues.

IF YOU HAVE ANY LETTERS FROM INSURANCE COMPANIES, PLEASE ATTACH.

Insurance Co.: _____ Policy #: _____
 Insured on Policy: _____ Claim #: _____
 Address: _____
 Phone #: _____ (Main Phone)
 Name of Adjuster: _____
 Adjuster's Phone: _____
 Adjuster's Fax: _____
 Adjuster's Email: _____
 Witnesses: _____

MEDICAL TREATMENT:

Did EMT / Ambulance Come to Scene? Yes or No

Name of Ambulance Service? If known (look at your bills!) _____



If Unknown? Did Fire and Rescue come to the Scene? Yes or No

Where you Transport to Hospital? Yes, by _____ No

Emergency Room Hospital: _____, City: _____, State: _____

Were you treated and released? Yes or No Admitted for _____ days

Were MRIs or CT scans done at the Hospital? _____

Have you been seen by any doctors: _____

YOU WILL RECEIVE MULTIPLE BILLS FROM THE EMS/EMT, the HOSPITAL, DOCTORS (RADIOLOGIST, LABORATORY & EMERGENCY physicians), please remember to keep sending our office copies of those records but keep a copy for your records as well.

PLEASE ATTACH ANY MEDICAL RECORDS AND MEDICAL BILLS OR SEND THEM TO OUR LAW FIRM AFTER THIS INTERVIEW.

PHOTOS:

- 1. If you have taken photographs of your injuries (scars, wounds, cuts, stitches, braces, or casts), please send them to our law firm by electronic means (digital camera, cell phone, PDA) or you may elect to send actual photographs. If you suffered scarring or injury, please try to find a “before” photo, so we may see the effect to your body part. If you have not already done so, please do so immediately.**
- 2. Also, it will help us to help you if you obtain photographs of the exact location of your injury showing the defect or dangerous condition? Examples (Hole in the ground, roof or machine leaking, etc). If you have not already done so, please do so immediately. Please call us and we will explain and guide you. If you do not have a digital camera, we suggest you purchase a disposable camera from any supermarket or drugstore.**

Have you ever had a **prior injury (of any kind)** including slip and fall, sports injury, automobile accident or workers compensation?) You NEED not have made a legal claim to report this information to our law firm.

Previous Accidents/ Year:

Year	Type (Auto, WComp, Sports Injury)	Injury(ies) – Area of Body
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Did an Attorney Represent you? Yes, Name & Address:

If so, Describe Prior Injuries – Hospitals or Clinics or Doctors who treated you?

Please describe your prior treatment providers? Chiropractor? Doctor (what type, orthopedic or neurologist) ? Surgeon? What kind of specialty attended to your injuries in your prior legal or insurance claim?

Did you ever have an X-Ray or MRI to that area of your body before for ANY reason?
