



MOGREN, GLESSNER & AHRENS, P.S.

Attorneys At Law

Peter W. Mogren

Ronald E. Glessner

Michelle R. Ahrens

CLIENT INFORMATION SHEET - AUTO COLLISION

A. INFORMATION ABOUT YOURSELF

1. Your Full Name _____
First
Middle
Last
2. Street _____
3. City _____ Zip _____
4. Home Phone _____ Work Phone _____
5. Birthdate _____ Birthplace _____
6. Soc. Sec. No. _____ Driver's Lic. No. _____

B. EMERGENCY CONTACT

Please furnish the name and phone number of someone not living with you who we may contact in case of an emergency.

1. _____
First
Middle
Last
2. Home Phone _____ Work Phone _____

C. YOUR MARITAL BACKGROUND

1. Are you presently married? If so, please answer the following questions.
2. Date and place of marriage: _____
3. Spouse's name: _____ Birthdate: _____
4. Please furnish names, addresses and birthdates of all children born as a result of your present marriage.

FULL NAME	PRESENT ADDRESS	BIRTHDATE	AGE
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- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

D. PRIOR MARRIAGE

1. Have you been married before? _____ If so, please answer the following:

	NAMES OF FORMER SPOUSES	DATE OF MARRIAGE	DATE OF DIVORCE OR DEATH OF SPOUSE
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

2. Were children born as the result of any previous marriage? _____ If so, furnish the names, addresses and birthdates of children born as the result of any previous marriage.

	FULL NAME	PRESENT ADDRESS	BIRTHDATE	AGE
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

3. Are you presently paying or receiving support payments for children of a prior marriage? If so, please state the amount.

Paying \$ _____ per _____
Receiving \$ _____ per _____

E. PAST RESIDENCES

Please list addresses where you have resided for the past ten years, and the length of time at each residence. Please use the back of the page if you need more space.

	ADDRESS	FROM	TO
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

F. YOUR EMPLOYMENT

1. Are you presently employed? _____ If so, please indicate:

2. Name of present employer _____

3. Address of present employer _____
4. Phone number of employer _____
5. Present job title _____
6. What physical demands does your job require? _____

7. Date started working for this employer _____
8. Salary at present employer \$ _____ per _____
9. How many hours per week are you employed? _____

G. PAST EMPLOYMENT

Please list your past employment for the last 5 years.

	NAME OF EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	NATURE OF WORK
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

H. SPOUSE'S EMPLOYMENT

1. Is your spouse presently employed? _____ If so, please furnish the following:
2. Name of employer _____
3. Address of employer _____
4. Present job title and duties _____
5. Date spouse began working for this employer _____
6. Number of hours per week spouse is employed _____

7. Please list your spouse's past employment for the last 5 years.

	NAME OF EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	NATURE OF WORK
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

I. EMPLOYMENT MISSED

Have you missed work as a result of your injuries? _____ If so, please answer the following questions:

1. Dates missed and total number of hours _____

2. Please calculate the amount of wages you lost as a result of your injury and set forth your calculations below. _____

3. Name of employer at time of injury _____

4. Address of employer at time of injury _____

5. Name of person to contact to obtain wage loss information and employment records ____

6. Your job title at time of injury _____

7. Were you a member of a union at the time of your injuries? _____ If so, which one? ____

8. Have you changed employment because of the injuries? _____ If so, explain fully

9. Has the nature of your work changed since the date of accident if you have returned to work or continued working? _____ If so, explain fully _____

J. PROPERTY DAMAGE INFORMATION

If your automobile was damaged please answer the following:

1. Your Automobile:

(a) Year _____ Year Purchased _____

(b) Make _____ Model _____

(c) Mileage _____

(d) Condition before collision _____

(e) Purchase Price _____ Current amount owed to bank _____

(f) Date auto license tabs expire _____

(g) Cost of most recent auto license tabs _____

2. What damage was done to your automobile in the collision?

3. Have you settled on an amount for the damage to your automobile? If so, what was the amount agreed upon? _____

4. Do you have a copy of the repair order, or repair estimates for your automobile? _____
If so, please provide them to our office when you have completed this Client Information Sheet.

5. Other Property Damage:

Was any other property of yours damaged? _____ If so, please provide the following information:

Description: _____

Value: _____

K. INJURIES RECEIVED

1. Please describe the injuries you have received as a result of this accident as best as you can.

2. If not fully recovered, what does your doctor say about your injuries and how long you will need treatment?

L. HEALTH CARE RECEIVED AS A RESULT OF INJURY

1. Please list, in the order received the medical treatment and health care you received as a result of your injury. Please include all hospitals, doctors, chiropractors, physical therapists, and any other health care providers you received treatment from.

(1) _____

(2) _____

(3) _____

(4) _____

- (5) _____
- _____
- (6) _____
- _____
- (7) _____
- _____
- (8) _____
- _____
- (9) _____
- _____
- (10) _____

M. MEDICATION RECEIVED AS A RESULT OF YOUR INJURY

- 1. As a result of the accident, have you taken any aspirin, drugs, medication or any other prescription on the advice of a doctor? _____ If so, please furnish the following information:

**DRUG OR
MEDICATION**

**DRUG STORE WHERE
PURCHASED**

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

N. OTHER CARE RECEIVED

- 1. Have you had any nurses or others act as nurses in connection with this accident? _____
If so, please furnish the following information:

**NAME OF
PERSON**

DATES

**AMOUNTS PAID,
IF ANY**

- (1) _____
- (2) _____
- (3) _____
- (4) _____

2. Have you had to have anyone help out around the house as a result of this accident? This would include babysitters, people to do washing, ironing, cleaning, yard work, etc.? _____ If so, please furnish the following information:

	NAME OF PERSON	DATES	NATURE OF WORK DONE
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

3. Have you used any of the following in connection with treatment?

	FROM	TO
Back or neck brace? _____	Dates: _____	_____
Crutches? _____	Dates: _____	_____
Traction? _____	Dates: _____	_____
Other? _____	Dates: _____	_____

O. EFFECT OF YOUR INJURIES

1. **Before** this accident, what sort of activities did you enjoy doing after work or outside the home? Please indicate the nature of the activity, such as bowling, skiing, gardening, hunting, etc., in detail, and how often before the accident you would normally take part in such activities. Furnish as much information about this as you can.

	ACTIVITY	HOW OFTEN
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____
(5)	_____	_____
(6)	_____	_____
(7)	_____	_____
(8)	_____	_____

2. Exactly what effect has the accident had upon these activities? We would like you to describe in detail those hobbies and activities listed above which you have not been able to perform after the accident or can be performed only with difficulty. Please describe the exact effect of the accident upon your ability to perform these activities.

3. With regard to your work around the home and your employment, if any, we would like to know what effect these injuries have had. We would like you to list the exact nature of the activities, such as climbing stairs, ironing, cutting grass, dancing, lifting children, etc., and the effect which the injuries have had upon it. With respect to any employment, we would like to know the exact work required, such as lifting boxes, driving truck, physical activity, etc., and the effect of the injuries upon such work activity. Please furnish details.

4. Were you ever confined to bed at home as the result of this accident? _____ If so, please give the dates when you were confined in bed and the reason:

5. If you were attending school at the time of the accident and lost time from school, please furnish the dates you lost time from school and the reason:

6. Were you at any time confined to your home after the accident, if not confined to bed? _____ If so, please furnish the dates and the reasons for such confinement.
- _____
- _____
- _____
7. Please describe in detail any pain which you have experienced because of the accident, and the frequency and the nature of it. _____
- _____
- _____
8. If not previously listed, have you experienced any other difficulties of any kind because of this accident? _____ If so, please describe in detail. _____
- _____
- _____
9. Please describe how you are getting along and how you feel at the present time.
- _____
- _____
- _____
- _____
- _____

P. PAST HOSPITALIZATIONS

1. Were you ever hospitalized before this accident? _____ If so, please complete the following.

	NAME OF HOSPITAL	LENGTH OF HOSPITALIZATION	DATE	REASON FOR HOSPITALIZATION
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____
(7)	_____	_____	_____	_____
(8)	_____	_____	_____	_____

Q. PAST ILLNESSES

1. Have you ever had any long-lasting, chronic or serious illnesses before this accident?
_____ If so, please complete the following.

	NATURE OF ILLNESS	DATE	NAME OF DOCTOR
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

R. PAST ACCIDENTS

1. Have you, before the injuries in this case, had any broken bones, accidents of any kind, or injuries for any reason which required medical attention? _____ If so, please furnish the following information.

	NATURE OF ACCIDENT	INJURY	DATE	NAME OF DOCTOR
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

S. PAST MEDICAL INFORMATION

1. Over the past five years, who has been your regular family doctor you have consulted when you have needed medical attention? If more than one doctor, osteopath, chiropractor, or other physician has treated you, please indicate below.

	NAME OF PHYSICIAN OR DOCTOR	DATES SEEN	REASON SEEN
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

2. Have you had any prolonged or chronic health problems during your lifetime other than from the accident in this case? _____. If so, please describe fully:

3. Have you experienced any pain or discomfort in similar parts of your body which were not a result of this accident? _____. If so, please describe fully:

4. Have you used any drugs or medication regularly before the accident in this case? _____. If so, please describe the drug or medication and the purpose.

5. Have you ever had any auto, life, or health insurance declined or canceled? _____. If so, please give the date and reason.

T. FACTS OF ACCIDENT

1. With regard to the accident, please state as follows:
 - (1) Date _____ Day _____ Time _____
 - (2) Location of accident _____
 - (3) Current location of the vehicle you were riding in at the time of the accident

 - (4) Has that vehicle been repaired? _____
 Have photographs been taken of the damage to the vehicle you were riding in?

 - (5) Current location of the other vehicle or vehicles at the present time

 - (6) Has the other vehicle been repaired? _____
 Have photographs been taken of the damage to the other vehicle or vehicles?

2. Please describe how the accident happened, giving as much detail as you can.

3. In the space below, please draw an illustration or diagram of the location of the accident and how it happened.



4. Is there anything that you feel is important about how this accident happened, or about the accident, that you have not mentioned before? If so, please provide this information.

U. POLICE INVESTIGATION

1. Was this accident investigated by any law enforcement officers? ____ If so, by whom?
____ City Police ____ County Sheriff
____ State Patrol ____ Other: _____
2. State the name and address of the law enforcement officer who investigated.

3. Was anyone given a citation? ____ If so, what was the citation for and who received it?

4. Did you sign any written statement for any law enforcement officer who might have investigated this accident? ____ When? ____ Do you have a copy? ____ What did you tell him?

5. Did you sign anything else? ____ What did you sign?

V. EVIDENCE/PHOTOS

1. Do you know of any photographs showing?
____ Your injuries
____ Damage to your car
____ Damage to the other car
____ Location of the accident
or any other photographs about this case? _____
Who has them right now? _____
2. Do you know of any diagrams or drawings which were made in connection with this accident? ____ If so, describe fully:

3. Do you know of any other evidence we might obtain regarding this accident?

W. WITNESSES

1. At the time of the accident, were you with anyone else? ____ If so, please list their names, addresses and phone numbers

NAME ADDRESS PHONE NUMBER

- (1) _____
- (2) _____
- (3) _____

2. Do you know of any witnesses who actually saw the accident happen? ____ If so, please give the following information:

(1) Name _____
Address _____
Phone _____ Age _____ Job _____
What does he know? _____

(2) Name _____
Address _____
Phone _____ Age _____ Job _____
What does he know? _____

(3) Name _____
Address _____
Phone _____ Age _____ Job _____
What does he know? _____

3. Please furnish the name of anyone who may know about your injuries. This would include members of your family(neighbors, friends, co-workers, anyone who may know about your injuries or how they have affected you or what effect they may have had on your hobbies, activities or physical condition in general.

(1) Name _____
Address _____
Phone _____ Age _____ Job _____
What does he know? _____

(2) Name _____
Address _____
Phone _____ Age _____ Job _____
What does he know? _____

(3) Name _____
Address _____
Phone _____ Age _____ Job _____
What does he know? _____

(4) Name _____
Address _____
Phone _____ Age _____ Job _____
What does he know? _____

4. Is there any reason why any witness might be uncooperative, biased, prejudiced, or not available to testify in your case? _____ If so, please explain fully.

X. STATEMENTS BY OTHER PARTY

1. Did the other driver admit being at fault at any time? _____ If so, please explain fully:

2. Do you know of anything else that the other driver might have said about this accident? _____ If so, describe fully:

Y. INSURANCE INVESTIGATION

1. Have you talked to any insurance adjuster about this accident? _____ If so, please furnish the following information:

- (1) Name of insurance adjuster _____
- (2) Name of insurance company he represented _____
- (3) Phone Number: _____
- 2. Do you have his card? ____ If so, please attach to this form.
- 3. Who was present at the time? _____
- 4. Did you sign anything? ____ What did you sign? _____
- 5. Did you get a copy of what you signed? ____ What did you tell him?

- 6. Did you talk with the insurance adjuster on the telephone? ____ Did he make a recording of what was said? ____ If so, did you get a copy of the recording? _____

Z. YOUR OWN AUTO INSURANCE

- 1. Do you have auto insurance? ____ If so, please furnish the following:
 - (1) Name of auto insurance company _____
 - (2) Policy No. _____
 - (3) Insurance Adjuster's Name: _____
 - (4) Insurance Adjuster's Phone Number: _____
- 2. Did your policy include coverage for the damage to your car? ____ If so, what was the deductible amount. \$_____ If you have a copy of your policy, please send us this and a copy of the sheet showing your coverages.

AA. OTHER PERSON'S INSURANCE

- 1. Did the other party have insurance to your knowledge? _____
- 2. If so, name of the insurance company _____
- 3. Have you been contacted by the other party's insurance company? ____ If so, when?

4. Name of insurance adjuster _____
5. Insurance Adjuster's Phone Number: _____
6. Do you know the amount of insurance the other party has? _____ If so, please state \$_____

BB. FACTS ABOUT OTHER PARTY

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Name of their spouse _____

Employer of other party _____

CC. YOUR OWN MEDICAL INSURANCE

1. Do you have any medical insurance, whether through your employment, or a private medical policy, which might pay the bills as a result of your injuries in this case? _____ If so, please furnish the following information:
2. Name of insurance company(s) _____
3. Address of insurance company(s) _____

4. Policy number(s) _____
5. Insurance adjuster, if any _____
6. Have any of your bills been paid by any medical insurance company, welfare, or any person other than yourself? _____ If so, please furnish the following information:
 - (1) Name of company paying bills _____
 - (2) Please list the bills paid and the amount paid on the reverse side of this sheet.
 - (3) Have you made any claim for payment of your bills from your medical insurance company, welfare, or other sources? _____ If so, please describe.

7. Do you have any other insurance of any kind which would provide payments of your medical bills for this accident? ____ If so, please furnish the following information:

- (1) Name of company _____
- (2) Address of company _____
- (3) Name of agent _____
- (4) Address of agent _____

DD. EDUCATION

Please furnish us with your educational background.

	NAME	LOCATION	YEARS ATTENDED	GRADUATED YES OR NO	TYPE OF DEGREE
High School	_____	_____	_____	_____	_____
College/Univ.	_____	_____	_____	_____	_____
Bus. School	_____	_____	_____	_____	_____
Tech. Trng.	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

EE. MILITARY

- 1. Have you ever been in the military service? ____ If so, please give branch and dates:

- 2. Type of discharge received _____
- 3. Are you now receiving or have you ever received any payments from the Veterans Administration, Social Security, or other sources as a result of your military service? ____ If so, please give details.

- 4. What is your Veterans Administration number? _____

FF. RELIGION AND FRATERNAL ORGANIZATIONS

- 1. Please list your religious affiliation at the present time. Please give us the name of your priest, pastor or rabbi as well.

2. Please list the fraternal organizations to which you now belong:

- (1) _____
- (2) _____
- (3) _____

GG. POLICE RECORD

1. Other than minor traffic offenses, have you ever been convicted of a crime? _____ If so, please give the following:

CRIMINAL CHARGE	DATE	PLACE
------------------------	-------------	--------------

- (1) _____
- (2) _____

2. Is there now or has there ever been a restriction on your driver's license? _____ If so, please give details.

3. Have you ever received any traffic tickets? _____ If so, please furnish the following information.

NATURE OF TRAFFIC TICKET	DATE	WHAT WAS DONE ABOUT IT
-------------------------------------	-------------	-----------------------------------

- (1) _____
- (2) _____
- (3) _____

HH. CLAIMS AND COURT CASES

1. Have you ever filed for bankruptcy? If so, please state as follows:

DATE	RESULT
-------------	---------------

- (1) _____
- (2) _____

2. Have you ever made any claim for Industrial Insurance or a work-related injury at any time? _____ If so, please state as follows:

- (1) Type of claim _____
- (2) Employer _____

(3) Date _____ Injury _____

(4) Amount received or outcome _____

(5) Claim number _____

3. Have you filed any claim for Social Security benefits due to any injury? ____ If so, state as follows:

(1) Date _____ Injury _____

(2) Money received or outcome _____

4. Have you ever received any veterans's pension or benefits? ____ If so, please state as follows:

(1) Date _____ Claim No. _____

(2) Reason _____

(3) Amount received or outcome _____

5. Have you made any claims at any time for benefits from any other sources? ____ If so, state as follows:

	DATE	RESULT
(1) _____	_____	_____
(2) _____	_____	_____

II. CONCLUSION

1. Can you think of anything that you have not told us that may have some bearing upon your case? If so, please indicate that on the following lines.

2. In completing this interview outline, have you thought of any information which we may not have asked you about and which may be of some assistance to us in connection with your accident claim? ____ If so, please indicate this on the following lines.

3. Please attach all medical bills which you have received so far. Also, please forward new medical bills as you receive them.
4. Please attach all other papers you have that relate in any way to this case.

DATED this ____ day of _____, 20_____.

I HAVE READ THE ABOVE STATEMENT AND THE SAME IS TRUE AND CORRECT.

CLIENT