

**DEBRA D. FREIDELL, P.C.**  
**ACCIDENT QUESTIONNAIRE**

1. Client Information:  
Client Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License Number \_\_\_\_\_
2. Date of Accident \_\_\_\_\_  
Hour of Accident \_\_\_\_\_ (am/pm) \_\_\_\_\_
3. Place of Accident \_\_\_\_\_  
City, County, State \_\_\_\_\_
4. Description of Accident; Why was Defendant Negligent?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What type of car was Plaintiff driving?  
\_\_\_\_\_
6. Property damage to Plaintiff's car (monetary value)?  
\_\_\_\_\_
7. What type of car was Defendant driving?  
\_\_\_\_\_
8. Passengers in cars? Any other witnesses?  
\_\_\_\_\_
9. Has Plaintiff given any statements?  
To whom? (Police? D's C/A? P's insurer?)  
\_\_\_\_\_
10. Any photos?  
\_\_\_\_\_
11. What were road conditions at time of accident? Clear; wet; dry;  
cloudy; night



17. Plaintiff's Past and Current Symptoms of Pain and Suffering:

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18. Plaintiff's Prior Medical History of Similar Complaints and Problems:

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19. Plaintiff's Prior Criminal Arrests and Convictions:

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20. Plaintiff's Prior Lawsuits, Insurance Claims, Work Comp Awards; amount of settlement/judgment:

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21. Did Plaintiff discuss the claim with any other attorney? If so, did the attorney reject the claim?

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