

**DOBBS & TITTLE, P.C.**  
**AUTO ACCIDENT INTAKE**

DATE: \_\_\_\_\_ TAKEN BY: \_\_\_\_\_  
REFERRED BY: \_\_\_\_\_ APPT SET: \_\_\_\_\_

**CLIENT:**

#1 NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
WORK #: \_\_\_\_\_ HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_

**ACCIDENT:**

#2 DATE OF ACCIDENT: \_\_\_\_\_  
#3 WHO WAS AT FAULT: \_\_\_\_\_  
DESCRIPTION OF ACCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
DRIVER: \_\_\_\_\_ PASSENGER: \_\_\_\_\_  
SEATBELT: YES / NO AIRBAG DEPLOYED: YES/NO  
POLICE AGENCY RESPONDING: \_\_\_\_\_  
ACCIDENT REPORT: YES / NO CITATION ISSUED: \_\_\_\_\_  
PREVIOUS AUTO ACCIDENTS: \_\_\_\_\_

**INSURANCE:**

#4 YOUR INSURANCE: \_\_\_\_\_  
UM/UIM: \_\_\_\_\_ PIP: \_\_\_\_\_ NOTIFIED OF ACCIDENT: YES/ NO  
ADJUSTER CONTACTED YOU: YES/NO RECORDED STATEMENT: YES/NO  
#5 OTHER DRIVERS INSURANCE: \_\_\_\_\_  
ADJUSTER CONTACTED YOU? YES/NO RECORDED STATEMENT: YES/NO

**MEDICAL:**

#6 RESULTING INJURIES: \_\_\_\_\_  
#7 MEDICAL ATTENTION SOUGHT: \_\_\_\_\_  
TRANSPORTED BY AMBULANCE: \_\_\_\_\_ ADMITTED/RELEASED \_\_\_\_\_  
NAME OF HOSPITAL: \_\_\_\_\_  
#8 PRE-EXISTING INJURIES: \_\_\_\_\_  
#9 PRIOR ACCIDENTS: \_\_\_\_\_  
\_\_\_\_\_

**VEHICLE:**

#10 IMPACT: MINOR / MAJOR / TOTALED  
DAMAGE TO VEHICLE: \_\_\_\_\_  
OWNER OF YOUR VEHICLE: \_\_\_\_\_  
LOCATION OF VEHICLE: \_\_\_\_\_

**WITNESSES:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_