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**KAJKO, WEISMAN, COLASANTI & STEIN, LLP**

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A T T O R N E Y S A T L A W

W W W . M A S S F I R M . C O M

Peter J. Kajko  
Mitchell E. Weisman  
AnnMarie Colasanti  
David B. Stein  
Alisha S. Tomasino  
Cynthia Sherman  
Julie R. Hess  
Charlene A. Caldeira

Edward A. Prisby\*  
Molly Wilson Chung

The Hon. Isaac Borenstein (Ret) \*\*  
Richard Keshian  
Martin I. Estner  
*of Counsel*

430 Bedford Street, Suite 190  
Lexington, MA 02420

Phone: (781) 860-9500  
Fax: (781) 863-0046

\*also admitted in NH  
\*\*also admitted in FL

**ACCIDENT INFORMATION**

Please take the time to fill out this form completely and accurately. It is important that we have this information for our file. Please use additional sheets if necessary.

**PLEASE BRING ANY MEDICAL REPORTS AND X-RAYS TO YOUR APPOINTMENT**

Date: \_\_\_\_\_

**A. PERSONAL INFORMATION**

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

Home Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**B. HEALTH INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insured: \_\_\_\_\_

Identification No: \_\_\_\_\_

Group No.: \_\_\_\_\_

**C. YOUR VEHICLE**

Driver of your vehicle: \_\_\_\_\_

License Number: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Make and Model: \_\_\_\_\_

**D. CAR INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

**E. THE ACCIDENT**

Date and time of the accident: \_\_\_\_\_

Place of Accident (streets, intersection and address): \_\_\_\_\_

Weather: \_\_\_\_\_ Clear \_\_\_\_\_ Rain \_\_\_\_\_ Snow \_\_\_\_\_ Fog

Road Surface: \_\_\_\_\_ Asphalt \_\_\_\_\_ Concrete \_\_\_\_\_ Gravel \_\_\_\_\_ Dirt \_\_\_\_\_ Parking Lot

Road Conditions: \_\_\_\_\_ Dry \_\_\_\_\_ Wet \_\_\_\_\_ Icy \_\_\_\_\_ Snow \_\_\_\_\_ Other

Light Conditions: \_\_\_\_\_Daylight \_\_\_\_\_Darkness \_\_\_\_\_Dusk \_\_\_\_\_Artificial Light

Speed: \_\_\_\_\_Yours \_\_\_\_\_Other Vehicle \_\_\_\_\_Post Limited

Seat Belt: \_\_\_\_\_Used \_\_\_\_\_Not Used

Airbag inflated: \_\_\_\_\_Yes \_\_\_\_\_No

Name of passengers:

| <u>Name</u> | <u>Address</u> | <u>Telephone No.</u> |
|-------------|----------------|----------------------|
| _____       | _____          | _____                |
| _____       | _____          | _____                |
| _____       | _____          | _____                |
| _____       | _____          | _____                |

Describe the damage to your vehicle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you hospitalized as a result of the accident: \_\_\_\_\_Yes \_\_\_\_\_No

If Yes: \_\_\_\_\_By ambulance \_\_\_\_\_By police \_\_\_\_\_By private vehicle

If Yes: Name of ambulance, police department or name of person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Yes: Name of hospital and the names of any medical people that treated you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and addresses of any treating physicians: \_\_\_\_\_

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Describe any injuries in result of the accident: \_\_\_\_\_

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Please describe any illnesses or injuries you have had prior to the accident: \_\_\_\_\_

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Were your passengers hospitalized as a result of the accident: \_\_\_\_Yes \_\_\_\_No

If Yes: \_\_\_\_\_By ambulance \_\_\_\_\_By police \_\_\_\_\_By private vehicle

If Yes: Name of ambulance, police department or name of person: \_\_\_\_\_

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If Yes: Name of hospital and the names of any medical people that treated your passengers:

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Name(s) and addresses of any treating physicians: \_\_\_\_\_

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Describe any injuries to your passengers: \_\_\_\_\_

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Please describe any illnesses or injuries they had prior to the accident: \_\_\_\_\_

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Describe in your own words how the accident happened: \_\_\_\_\_

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**F. Sketch of the Accident Scene:**

**G. OTHER DRIVERS INFORMATION**

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

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

License Number: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Seat Belt: \_\_\_\_\_ Used    \_\_\_\_\_ Not Used

Airbag inflated: \_\_\_\_\_ Yes    \_\_\_\_\_ No

Insurance Company (if known): \_\_\_\_\_

Insurance Company Address (if known): \_\_\_\_\_

Name of passengers:

| <u>Name</u> | <u>Address</u> | <u>Telephone No.</u> |
|-------------|----------------|----------------------|
|-------------|----------------|----------------------|

|       |       |       |
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| _____ | _____ | _____ |
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| _____ | _____ | _____ |
|-------|-------|-------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Describe any injuries in result of the accident (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the damage to the other vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_