

The Law Offices of Susana Ragos Chung

*Please mark with "X" placement during accident.
1- driver; 2- front passenger;
3- rear left; 4 -middle rear; 5- right rear
Van Positioning: Van(L) or Van (M) or Van (R)*

Driver		Passenger	
Left	Middle	Right	
Van(L)	Van(M)	Van(R)	

Interview of Passenger(s)

Your Name:			
Address:		Age:	
City, State, zip		Sex:	
Telephone #:	HOME TELEPHONE	CELL #	ALTERNATE #
	()	()	()
Birth date:		S.S. #:	
Driver's License #:	State:	Spouse Name:	
Email address: -			
# of occupants in the car:	<i>Including you</i>	We Represent:	

Employment Information

Loss of Earnings?	Yes: () No: ()	Occupation:
Employer's Name:		
Address:	<i>City, State, zip</i>	
Telephone #:	()	

Injury Information

AMBULANCE SERVICE	HOSPITAL	DR / CHIRO TREATMENTS
<u>Name of Establishment:</u>	<u>Name of Establishment:</u>	<u>Name of Establishment:</u>
<u>Address & Telephone #:</u>	<u>Address & Telephone #:</u>	<u>Address & Telephone #:</u>
()	()	()
Amount Owed:	Amount Owed:	Amount Owed:
Describe Your Injuries:		