TRAFFIC ACCIDENTS
CLIENT INTAKE QUESTIONNAIRE:

GET MEDICAL CARE FIRST, even if you feel "okay" — some injuries appear days later. Do not give a recorded statement to the other driver's insurer, sign a release, or accept a settlement before we review it. Take photos and keep your damaged vehicle until it is documented.

CONFIDENTIAL. This questionnaire covers collisions involving cars, trucks, motorcycles, bicycles, pedestrians, rideshare and delivery vehicles, buses, and trains, including hit-and-run and uninsured motorist claims. Deadlines apply: claims against a government agency often must be filed within 6 months, and many states also require a report to the DMV within days of a serious accident. If a question does not apply, write "N/A." If unknown, write "Unknown."

NAME OF THE CLIENT:

This form is completed by:

[__] The injured person
[__] Parent / guardian of an injured minor
[__] Family member of a person who died
[__] Vehicle owner (damage only)

[__] Full Legal Name: _____ Date of Birth: _____

Injured person's name (if different): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation / Employer: _____ Syndicate Plan Member ID: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

PART 1 — THE ACCIDENT

1.1 Date: _____ Time: _____ Weather / lighting / road condition: _

1.2 Location (street, intersection, highway & direction): _____

City: _____ County: _____ State: _____

1.3 Type of accident:

[__] Rear-end
[__] T-bone / intersection
[__] Sideswipe
[__] Head-on
[__] Rollover
[__] Multi-vehicle / chain reaction
[__] Hit-and-run
[__] Drunk or drugged driver
[__] Pedestrian
[__] Bicyclist
[__] Motorcycle
[__] Semi-truck / delivery truck
[__] Bus
[__] Train / railroad crossing
[__] Rideshare (Uber / Lyft)
[__] Vehicle defect suspected

1.4 You were the:

[__] Driver [__] Passenger [__] Pedestrian

[__] Bicyclist [__] Motorcyclist

1.5 Describe how the accident happened: _____

_____

_____

_____

1.6 Were you wearing a seat belt (or helmet)? [__] Yes [__] No

1.7 Did any airbags deploy? [__] Yes [__] No

PART 2 — POLICE, CITATIONS & WITNESSES

2.1 Did police or highway patrol respond? [__] Yes [__] No

Agency and report number: _____ Officer: _____

2.2 Citations or arrests:

[__] Other driver cited [__] I was cited [__] No citations

[__] DUI arrest [__] Not sure

If you were cited — violation and court date: _____

If you received a traffic citation or were arrested, please also complete our Criminal Law Advisory Intake Form before making any statements.

2.3 Was the accident reported to the DMV? [__] Yes [__] No

Many states require a report (in California, an SR-1) within 10 days when an accident causes injury, death, or property damage over a set amount.

2.4 Witnesses:

Name	Phone / Email	What They Saw

2.5 Do you have photos, dash-cam, or video of the scene, vehicles, or injuries? [__] Yes [__] No

2.6 Might there be nearby traffic, business, or doorbell cameras? [__] Yes [__] No

If yes, explain: _____

_____

Syndicate Subscription Legal Plans

PART 3 — VEHICLES & DRIVERS

Information	Your Vehicle	Other Vehicle
Driver name		
Year / make / model		
License plate		
Insurance company		
Policy / claim number		
Vehicle owner (if different)		
Employer (if driving for work)		

3.1 Was the other driver working at the time (delivery, rideshare, truck)? [__] Yes [__] No

Accidents involving commercial trucks, buses, rideshare, or government vehicles have additional evidence and deadlines. Tell us right away so records can be preserved.

3.2 Were there more than two vehicles involved? [__] Yes [__] No

If yes, explain: _____

_____

3.3 Was the other driver uninsured, underinsured, or unidentified? [__] Yes [__] No

3.4 Your Insurance Coverage:

[__] Liability

[__] Medical payments (MedPay)

[__] Rental reimbursement

[__] Uninsured / underinsured motorist (UM / UIM)

[__] Collision

[__] Not sure

3.5 Have you reported the accident to your own insurer? [__] Yes [__] No

PART 4 — INJURIES & TREATMENT

4.1 Injuries:

[__] Head / concussion

[__] Back / spine

[__] Hip / leg / knee

[__] Cuts / bruises

[__] Emotional / anxiety about driving

[__] Neck / whiplash

[__] Shoulder / arm

[__] Broken bones

[__] Internal injuries

[__] No injuries

4.2 Ambulance or emergency room treatment? [__] Yes [__] No

Doctor / Hospital / Clinic	Type of Treatment	Dates	Still Treating?

4.3 Who is paying for treatment?

[__] Private health insurance [__] Medicare [__] Medi-Cal / Medicaid

[__] MedPay [__] Workers' comp [__] Paying out of pocket

4.4 Prior injuries or accidents affecting the same body parts? [__] Yes [__] No

If yes, explain: _____

_____

4.5 Was anyone else in your vehicle injured? [__] Yes [__] No

Names and injuries: _____

PART 5 — VEHICLE DAMAGE & LOSSES

5.1 Estimated vehicle damage: $ _____ Vehicle current location: _____

5.2 Vehicle status:

[__] Drivable [__] Towed [__] Total loss

[__] Repaired [__] Not yet inspected

Loss	Amount $
Medical bills to date	
Estimated future treatment	
Lost wages	
Vehicle repair / total loss	
Rental car / transportation	
Property inside the vehicle	
Other out-of-pocket costs	

5.3 Pay rate before the accident: $ _____ Time missed from work: _____

5.4 How have the injuries affected your daily life, work, and family? _____

_____

PART 6 — INSURANCE CONTACT & WRONGFUL DEATH

6.1 Has any insurance company contacted you? [__] Yes [__] No

6.2 Did you give a recorded or written statement? [__] Yes [__] No

6.3 Have you received a settlement offer or signed anything? [__] Yes [__] No

If yes, explain: _____

_____

6.4 Have you spoken with another lawyer about this accident? [__] Yes [__] No

6.5 If Someone Died in the Accident:

Name of person who died: _____ Date of death: _____

Your relationship: _____ Surviving spouse / children: _____

For a death claim, please also complete Part 8 of our Personal Injury Intake Form.

PART 7 — GOALS & DOCUMENTS

7.1 What do you need?

[__] Vehicle repaired or replaced
[__] Medical bills paid
[__] Lost wages recovered
[__] Compensation for injuries
[__] Rental car
[__] Deal with the insurers for me
[__] Defend a citation
[__] Not sure

Please provide copies of the following, if available. Check each item you are including.

[__] Police / traffic collision report
[__] Photos & video
[__] Insurance cards (both drivers)
[__] Claim letters from insurers
[__] Medical records & bills
[__] Repair estimates / total loss letter
[__] Tow & rental receipts
[__] Proof of lost wages
[__] Citation / court papers
[__] DMV report (SR-1)

[__] I authorize Syndicate Subscription Legal Plans to request my medical, employment, and insurance records and to communicate with the insurers and other parties about this accident.

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my traffic accident claim.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.