Personal Injury Recorded Statement Questionnaire

**INJURY**

First and foremost, were you injured in the accident? (If No, skip to question #1)

Did an ambulance come to the accident scene?

Did you go the emergency room?

Do you intend to get further treatment? If so, what type?

Have you missed work as a result of your injury? If so, how much?

1. What day this accident happen? What time of day was it? And what was the location of the accident?

2. What was the weather like when the accident happened?

3. Would it have been necessary to have your headlights on? If so, were they? How about the other vehicle?

4. Was there a child safety seat in your vehicle at the time of loss? (Was the child safety seat occupied? Was the child safety seat damaged?) –Typical replacement cost of that type of seat is $125/$$30 which I’m sending you now. If you a receipt or other documentation

5. What street or road were you on?

-What direction were you traveling in?

-How many lanes of travel were there in each direction?

-Were there any medians or anything between the lanes of travel?

-What markings were on the street separating lanes?

-Is the road straight or are there curves?

-Which lane were you in?

-Where were you coming from? Where were you going?

-**[1st Party only]** Is your vehicle used for any ridesharing or delivery services such as Ubber, Lyft, Instacart, etc?

-Was the app turned on at time of accident? Were you picking up /dropping off any passengers or goods at the time of the accident?

-How fast were you going?

-Do you know the posted speed limit on the road you were on?

6. Are you familiar with this road?

7. How frequently do you travel on this road?

8. How was traffic at the time of the accident?

9. Were there any obstructions to either driver’s vision?

10. Did you have your signal on? If so, which one and for how long?

**“Please describe for me how the accident happed.”** Develop follow up questions based upon version of loss provided.

11. Did you take any action to avoid the accident? Did the other driver?

12. Can you describe the other vehicle involved in the loss? (year/ make/ model/ color)

13. What parts of your car were damaged?

-Did your airbags deploy?

14. Was there any damage to your vehicle prior to this loss? (describe)

15. What damage was done to the other car?

16. Who was driving the other vehicle? (name/ driver’s license/ description)

17. How many people were in the other car?

- Did anyone appear injured at the scene?

18. Did the police come to the scene?
- What department?

-Were any tickets issued?

19. DO you know if there were any witnesses to the accident?

20. Did you take any photos of videos at the scene of the accident? (request photos/ videos to be sent)

21. Who do you think is responsible for the accident?

**ADDITIONAL INFORMATION**

Did you incur any additional expenses? Is there anything else about the accident that you think I should know?