

Mano, McKerricher & Paroutaud Inc., P.C.  
ATTORNEYS AT LAW

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(360) 748-6641, FAX (360) 748-6644

**PERSONAL INJURY QUESTIONNAIRE**

Your Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Your Insurance: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Opposing Party: \_\_\_\_\_

Their Insurance: \_\_\_\_\_

Did you give recorded statement to **either** insurance company?: \_\_\_\_\_

\_\_\_\_\_

Brief Description/Location of accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Investigating Law Enforcement Agency (if any): \_\_\_\_\_

**What to bring to your appointment:**

1. Copy of your insurance policy that was in effect at the time of the collision.
2. Collision report or reporting agency contact information
3. Any correspondence, messages or communication so far.
4. List of all medical providers.