



LAW FIRM OF
LAUB & LAUB

A Professional Corporation

PERSONAL INJURY
WORKERS COMPENSATION
CRIMINAL DEFENSE
BANKRUPTCY

CLIENT INFORMATION

IS THIS VISIT FOR YOURSELF? YES _____ NO _____
IF VISIT IS "NOT" FOR YOU, PLEASE TYPE YOUR NAME HERE: _____

Possible Client's
Name: _____ Today's Date: _____

Mailing Address : _____ City _____ State _____ Zip _____

Physical Address: _____

Home Phone #: _____ Work #: _____ Cell#: _____

E-mail Address: _____ Emergency Phone#: _____

Date of Birth: _____ SS#: _____

Circle One: Married / Single / Minor Spouse's Name: _____

If minor: name/phone# of parents if different than above: _____

Date of accident: _____ Were you wearing a seat belt? Y / N

Referred to this office by: _____

EMPLOYMENT INFORMATION

Employer: _____ Address: _____

Phone # _____ Job Title: _____

Time lost from work: _____ Rate of pay: _____

1148 Ski Run Blvd.
South Lake Tahoe
California, 96150
(530) 577-LAUB
Fax (530) 544-4920

711 S. Carson St., Suite 2
Carson City
Nevada, 89701
(775) 883-LAUB
Fax (775) 883-1527

10368 Donner Pass Rd.
Truckee
California, 96161
(530) 587-LAUB
Fax (530) 587-2367

630 E. Plumb Lane
Reno
Nevada, 89502
(775) 323-LAUB
Fax (775) 323-3699

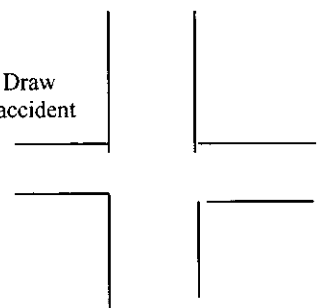


ACCIDENT INFORMATION

Draw
accident

Accident: Circle: Rear End / Head On / T-Bone / Side Swipe

Explain Accident: _____



Day of Week _____ Time _____ a.m./p.m. City _____ State _____

Road Conditions: _____ Traffic Controls: _____

Street You Were Traveling: _____ Directions: _____

Street of Car Causing Accident: _____ Directions: _____

Speed You Were Traveling: _____ mph Speed Of Other Car: _____ mph
Any alcohol or drugs taken by you within 12 hours before accident? _____

If you were the driver, did you have any passengers? Y / N If Yes:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

POLICE INFORMATION

Were police present at the scene? Y / N Name of agency _____
Report #: _____ Anyone Ticketed? Y / N Who? _____

If "NO" police were present, were there witnesses? Y / N If Yes who?:

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Regarding the vehicle you were in, please circle: Driver in my own / Passenger in my own /
Someone else's vehicle

Your insurance company name: _____ **Phone** _____

Policy #: _____ **Claim #:** _____ **Adjuster:** _____

Medpay amount \$: _____ **Uninsured / Underinsured amount \$** _____

Property damage amount \$ _____ **Photos taken? Y / N By whom?** _____

Where is the vehicle now? _____

Name of person causing accident and their insurance, if known:

Driver's Name _____ **Phone#** _____

Insurance company name: _____ **Phone#** _____

Policy # _____ **Claim#** _____ **Adjuster** _____

Name of vehicle owner if different than driver: _____

Vehicle owner's insurance (if not in your own vehicle) :

Name of owner: _____ **Phone** _____

Insurance company name: _____ **Phone** _____

Policy # _____ **Claim#** _____ **Adjuster** _____

Do you have health insurance? Y / N

Name of company: _____ (provide copy of ID card)

Do you have supplemental health insurance? Y / N

Name of company: _____ (provide copy of ID card)

Have you filed any prior insurance claims (auto, worker's comp, disability, ect.)? Y / N

If so list claim's and dates: _____

YOUR INJURIES

List all parts of your body injured in this accident and your symptoms (be thorough):
(example: neck with sharp pain, tingling, numbness)

Please circle: Right / Left handed

Prior injuries you suffered in the last 5 years that required medical treatment: Y / N

If YES, please provide dates, type of injury(ies), treating physician, current condition:

YOUR MEDICAL PROVIDERS FOR CURRENT ACCIDENT

NAME (doctor, hospital, ect.

PHONE NUMBERS

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Ambulance? Y / N If YES, name of ambulance/fire dept. _____

Transported where: _____

Care Flight? Y / N If YES, name of company _____

PLEASE PROVIDE ANY DOCUMENTS RELATED TO ACCIDENT.