

SINCLARE & COMPANY
BARRISTERS & SOLICITORS
QUESTIONNAIRE FOR PERSONAL INJURY INTERVIEWS

Personal Information

Full legal name: _____

Street Address: _____ Postal Code _____

Mailing Address: same as above _____ or:

Phone: (h) _____ (w) _____ cell # _____

E-Mail: _____

Please provide an alternate number (parents, other relative, some one who will know how to contact you if you move and forget to let us know) _____

Birth date: _____ Marital Status _____ S.I.N. _____

Personal Health Number: _____ (MSP #)

Employment Information

Employer _____ Phone: _____

Hire Date _____

Address: _____

Occupation: _____ Rate of Pay _____ Union _____

Were you a worker (WCB) at the time of the accident? Yes/No

Were you driving a company vehicle at the time of the accident? Yes/No

If 'Yes', have you applied to WCB? Yes/No

Have you lost any time from work as a result of this accident: _____

If so, provide summary of time and wages lost _____

Do you have a Short Term Disability Plan: Yes/No

Name of Carrier _____ Plan Number: _____

Address: _____ Phone: _____

Do you have a Long Term Disability Plan: _____ Yes/No

Name of Carrier _____ Plan Number: _____

Address: _____ Phone: _____

Employment Insurance:

Are you taking time off work as a result of this accident? Yes / No

Have you applied for EI? Yes / No Are you receiving benefits? Yes/ No

If Yes what is your weekly rate? _____

Date benefits started: _____ End date: _____

Do you have any other sources on income? Yes/No

If "yes" please provide details: _____

Education

Name and of last school attended or attending _____

School Address _____ Phone # _____

Last Grade Completed _____ Did you graduate? _____

Post Secondary Education

Name of college/university you attended _____

Area of Study _____ Degree _____

How long is the program? _____

Vocational Training

List vocational training or tickets (include any tickets or certificates such as First Aide, WHIMSS, Food Safe, etc) : _____

ICBC

Adjuster: Name _____ Phone: _____

Address _____ Claim # _____

Have you provided ICBC with a statement? Yes/No

Have you provided ICBC with a completed Accident Benefit Claim Form (CL22) ? Yes/No

Have you received any money from ICBC? Yes/No If 'Yes' total: \$ _____

Do you have underinsured motorist protection (UMP): Yes _____ No _____

Accident Information -Your Vehicle or the Vehicle in which you were a passenger

Are you the owner of the vehicle you were driving? Yes/No. If 'No' owner: _____

Who was driving? _____ Licence plate # _____

Year: _____ Make: _____ Model: _____ Color: _____

If you were a passenger, where were you seated? _____

Accident Details

Date: _____ Time _____ am/pm Location _____

Direction of travel: _____ Driving for work related purposes? Yes/No

Circumstances of accident: _____

(other driver made unsafe left turn; rear-ended; other driver crossed centre line, etc)

Brief description of accident: _____

Did the police attend? Yes/No Do you have a copy of the police report? Yes /No

Tickets issued? Yes/No If 'Yes' to whom: _____

Charged with: _____

Seatbelt worn? Yes/No What type of belt assembly? _____ Lap and shoulder _____ Lap only

Headrest? Yes/No

Witnesses

Names	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER DRIVER #1

Name: _____ D.L.# _____
Address _____ Phone # _____
Vehicle: Make _____ Model _____ Colour _____ Year _____ Plate # _____

Was driver also owner? Yes/No Owner: _____
Headlights on? Yes/No;
Tail lights working/used? Yes/No Did driver signal? Yes/No
Did other driver make any statement at scene of accident? _____

Did they admit fault? Yes/No Speeding? Yes/No Apologize? Yes/No Lost Control? Yes/No

OTHER DRIVER #2 (if applicable)

Name: _____ D.L.# _____
Address _____ Phone # _____
Vehicle: Make _____ Model _____ Colour _____ Year _____ Plate # _____

Did they admit fault? Yes/No Speeding? Yes/No Apologize? Yes/No Lost Control? Yes/No

Did driver #2 make any statement at scene of accident?

Medical Information

Ambulance attend? Yes/No

Did you go to the Hospital? Yes/No If 'Yes' Name of Hospital: _____

Admission date: _____ Discharge Date: _____

Please list your injuries:

List names, addresses, phone #'s of doctors, physiotherapists, chiropractors, massage therapists and other medics who have treated you since the date of the MVA.

Name of family doctor: _____ Name of Clinic _____
Address: _____ Phone #: _____

Surgery? Yes/No If "yes": name of surgeon: _____
Address: _____ Phone #: _____
Hospital where surgery was performed: _____
Nature of surgery: _____

Did you attend physiotherapy? Yes/ No If "yes"
Name of therapist: _____ Name of Clinic: _____
Address: _____ Phone #: _____

Did you attend a chiropractor? Yes/ No If "yes"
Name of therapist: _____ Name of Clinic: _____
Address: _____ Phone #: _____

Did you attend a massage therapist? Yes/ No If "yes"
Name of therapist: _____ Name of Clinic: _____
Address: _____ Phone #: _____

Other practitioners:

Include the names of any "walk-in" clinics you attended as a result of this accident.

Name of practitioner and type of treatment: _____
Name of Clinic: _____
Address: _____ Phone #: _____

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Name of Clinic: _____
Address: _____ Phone #: _____

Name of practitioner and type of treatment: _____
Name of Clinic: _____
Address: _____ Phone #: _____

Name of practitioner and type of treatment: _____
Name of Clinic: _____
Address: _____ Phone #: _____

How has this interfered with your social, work, or recreational and personal activities:

Pre-Accident History (It is very important that we are aware of any previous history)

Any prior ICBC claims? Yes/No If **yes** provide details (injury or damage claim) including claim number:

Any prior WCB claims? Yes/No If **yes** provide details including claim number:

Details:

Do you have any pre-accident, pre-existing medical/physical/mental/emotional conditions for which you are presently receiving treatment? (Please list)

Under what circumstances did you decide to contact our offices?

Advertising in the newspaper?

Advertising in the yellow pages of the telephone directory?

Friends?

Former client? If so, who?

Lawyer referral service?

Please provide a diagram of the accident scene