

Please fill out the following information and bring with you to your first appointment or email to firm@kelleyandcanterbury.com.

Name: _____ Phone #: _____

Date and Time of Collision: _____

How it happened:

Was anyone else in car? yes no

Wearing seatbelts? yes no

Did the police come? yes no

Police Report #: _____

Who was cited?: _____

Were there any witnesses to the wreck? yes no

How much damage occurred to the vehicles involved in the collision?

_____ theirs
_____ others

Who insures the person that hit you?: _____

Name of the person that hit you: _____

Who is your insurance company?: _____

Have you made any statements to any insurance company?: yes no

Which ones? _____

What type of injuries did you sustain?

Were you transported by EMTs from the scene?: __ yes __ no

If so, which hospital were you taken to? _____

Who are your doctors?: _____

How are your bills getting paid?: _____

How much at this time is owed/paid?: _____

Do you have any liens?: _____

Have you had any of these injuries prior to this wreck?: __ yes __ no

What do you do for a living?: _____

Have the injuries/wreck affected your ability to work?: __ yes __ no

How much?: _____

How did you hear about Kelley and Canterbury?

Friend ____

Referral ____

Website ____

Yellow Pages ____

Other (please describe) _____

Please bring the following paperwork to your first appointment:

1. Copies of any and all communication to and from insurance companies.
2. Copy of the police report and any photos taken of the scene, vehicles and injuries.
3. Witness statements and documents that support wage/income loss. This includes all pay stubs notes from supervisors, etc.
4. Medical records and bills to date.

Office Use Only:

Appointment made with ____ MKC ____ LTK