

117 West 5<sup>th</sup> Street • Blue Earth MN 56013  
Mailing Address: PO Box 95 • Blue Earth MN 56013  
Phone: (507) 526-2177 • FAX: (507) 526-4477 • Toll Free: 1-800-426-6967  
www.frundt-johnson.com

\* Michael D. Johnson  
David F. Frundt  
Daniel L. Lundquist  
Ryan A. Gustafson  
Randel I. Bichler  
Jeremy J. Nauman  
+ Charles K. Frundt (Retired)

## PERSONAL INJURY CLIENT WORKSHEET (NO-FAULT – AUTO ACCIDENT)

Please fill-in ALL information to the best of your knowledge  
Attach separate documentation if necessary

### CLIENT INFORMATION

1. Full Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Home Phone: \_\_\_\_\_
4. Work Phone: \_\_\_\_\_
5. Cell Phone: \_\_\_\_\_
6. Email Address: \_\_\_\_\_

### DEFENDANT VEHICLE OWNER

7. Full Name: \_\_\_\_\_
8. Address: \_\_\_\_\_
9. Driver's License No.: \_\_\_\_\_
10. Place of Employment: \_\_\_\_\_
11. Telephone Number: \_\_\_\_\_

### DEFENDANT DRIVER

12. Full Name: \_\_\_\_\_
13. Address: \_\_\_\_\_
14. Driver's License No.: \_\_\_\_\_

15. Place of Employment: \_\_\_\_\_

16. Telephone Number: \_\_\_\_\_

DATE AND TIME OF ACCIDENT

\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF ACCIDENT

\_\_\_\_\_  
\_\_\_\_\_

VEHICLES INVOLVED

17. Client's Vehicle:

18. Defendant's Vehicle:

a. Make: \_\_\_\_\_

a. Make: \_\_\_\_\_

b. Year: \_\_\_\_\_

b. Year: \_\_\_\_\_

c. Color: \_\_\_\_\_

c. Color: \_\_\_\_\_

d. License: \_\_\_\_\_

d. License: \_\_\_\_\_

e. Ownership: \_\_\_\_\_

e. Ownership: \_\_\_\_\_

CLIENT PERSONAL HISTORY

19. Date of Birth: \_\_\_\_\_

20. Place of Birth: \_\_\_\_\_

21. Education History: \_\_\_\_\_

22. Marital History Including Children: \_\_\_\_\_

\_\_\_\_\_  
23. Occupational History: \_\_\_\_\_

---

24. History of all prior injuries or hospitalizations: \_\_\_\_\_

---

ACCIDENT FACTS

25. Where client was coming from and where was client en route to: \_\_\_\_\_

---

26. Weather conditions: \_\_\_\_\_

27. Road conditions: \_\_\_\_\_

28. Identify and position in vehicle any passengers: \_\_\_\_\_

---

29. Direction of travel: \_\_\_\_\_

30. Approximate speed: \_\_\_\_\_

31. Lane: \_\_\_\_\_

32. Short description of accident (Also, prepare diagram of accident.): \_\_\_\_\_

---

33. Detailed description of all body movement within vehicle after impact: \_\_\_\_\_

---

34. Detailed description of course of travel of both vehicles after impact: \_\_\_\_\_

---

35. Detailed review of all conversations or discussions at the scene: \_\_\_\_\_

---

36. Evidence of drinking, medications or drugs: \_\_\_\_\_

37. Identify all investigation police agencies, police officers and description of what was done by each such individual: \_\_\_\_\_

38. Means by which clients left the scene: \_\_\_\_\_

39. Skid marks: \_\_\_\_\_

40. Location of debris: \_\_\_\_\_

41. Tickets issued: \_\_\_\_\_

42. Identify all witnesses and location of witnesses: \_\_\_\_\_

43. Discussion of vehicle damage: \_\_\_\_\_

INJURIES

44. Detailed listing of each injury including date and time of onset of symptomology:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL TREATMENT

45. Chronological resume of all medical treatment from the time of accident to the present date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOCTORS INVOLVED

46. Listing of each doctor with address and telephone number who has rendered medical treatment since the occurrence of the accident:

---

---

---

---

PHOTOS

47. List of all photos taken to date:

---

---

---

48. Photos being ordered:

---

---

---

INSURANCE

49. Identity of clients' no-fault insurance carrier and policy number: \_\_\_\_\_

---

a. Identity of adjuster: \_\_\_\_\_

b. Claim number: \_\_\_\_\_

50. Description of each no-fault insurance policy and policy number carried by insured or by any member of his household covering any vehicle owned by any member of said household:

---

---

---

---

51. Name and address of clients' group insurance carrier: \_\_\_\_\_

---

52. Name and address of any other applicable insurance carriers covering client (Auto Club, etc.):

---

---

---

53. Name and address of defendant's insurer: \_\_\_\_\_

---

a. Identity of adjuster: \_\_\_\_\_

b. Claim number: \_\_\_\_\_

c. Limits of liability coverage: \_\_\_\_\_

---

### **Additional Information to Bring to Your Appointment**

- Car titles, statement of loan balance, dealer appraisal of vehicle worth
- A record of expense reimbursements
- Automobile and Medical insurance plans

- Last six (6) recent pay stubs for you and your spouse
- Federal and state income tax returns for last three (3) years
- All repair bills, invoices, or damage appraisals relating to the vehicles involved in the accident
- All photographs, slides, films, moving pictures, videotapes, etc. relating to the accident
- All police investigation reports regarding the accident
- Any other documents in your possession that relate to your accident and injury