

VINSKO & ASSOCIATES, P.C.
PERSONAL INJURY FORM

Please provide as much information as you can on this form and bring this with you to your consultation. We will use this as a basis of evaluating your claim. Please note that completion of this form does not automatically create an attorney-client relationship. We look forward to working with you!

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home: _____ **Office:** _____ **Cell:** _____

Email Address: _____

Date of Accident/Incident: _____

Location: _____

Time of Incident: _____

Were there any witnesses? _____ Yes _____ No (If so, how many? _____)

Which best describes your incident/accident:

- _____ Auto Accident
- _____ Slip and Fall
- _____ Motorcycle Accident
- _____ Truck Accident
- _____ Other: _____

Did you seek medical treatment? _____ Yes _____ No

Did you report the incident/accident? (i.e. police report/store manager)?
_____ Yes _____ No

Best time of day to contact you: _____