

PERSONAL INJURY QUESTIONNAIRE (To Be Completed by Attorney)

Name of injured: _____

Date of birth: ____ ____ ____ Height: _____ Weight: _____

Shirt or blouse size: _____ Pants size: _____

General health before incident: _____

Type of injury: _____

Type of accident (describe): _____

Date of accident: ____ ____ ____ Time of accident: _____

Weather: __clear__dry__wet__rain__snow__fog__cold__warm__hot

Exact location: _____

__indoors__outdoors__street__sidewalk__floor__stairs__landing

__curb__level surface__rough surface__other

(Draw diagram on reverse; provide photographs, if any)

Type of surface: __concrete__asphalt__tile__other (describe)

Surface condition: __wet__dry__other (describe)

Direction of travel: __up__down__entering__leaving__across

Describe lighting: _____

FOR SLIP AND FALL ONLY

Type of shoes: _____

__old __average __new Are shoes available? _____

SEND SHOES TO :

**JOHN FISKE BROWN ASSOCIATES, INC.
637 Valley Ave. Solana Beach, CA 92075**

Additional comments: _____
