

**LAW OFFICES OF JAMES AND STAGG, PLLC  
ATTORNEYS AND COUNSELORS AT LAW**

**The Binz Building  
1001 Texas Avenue, Suite 500  
Houston, Texas 77002**

**Telephone: (713) 223-5811**

**Facsimile: (713) 223-1416**

**www.jamesandstagg.com**

---

**PERSONAL INJURY INFORMATION**

*Please fill out all the information required to the best of your knowledge. The more information you give the more we can help you. Please be very specific in your answers.*

**TODAY'S DATE** \_\_\_\_\_ **How did you hear about us?** \_\_\_\_\_  
(fecha) (como se entero de nosotros?)

**DATE OF ACCIDENT** \_\_\_\_\_ **PIP: YES/NO**  
(fecha de accidente)

**TIME OF ACCIDENT** \_\_\_\_\_ **am/pm**  
(la hora del accidente)

**FULL NAME** \_\_\_\_\_  
(nombre completo)

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_ **CITY** \_\_\_\_\_ **ST.** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
(direccion) (ciudad) (estado) (codigo postal)

**HOME PHONE** \_\_\_\_\_ **Work** \_\_\_\_\_ **OTHER** \_\_\_\_\_  
(numero de casa) (numero de trabajo) (numero otro)

**DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_  
(fecha de nacimiento) (anos)

**SOCIAL SECURITY NUMBER** \_\_\_\_\_  
(numero de social)

**TEXAS DRIVERS LICENSE** \_\_\_\_\_  
(numero de licencia)

**SPOUSE'S NAME** \_\_\_\_\_  
(nombre de esposo)

**CHILDREN: YES/NO #** \_\_\_\_\_  
(hijos si/no) (si/no)

**NAME OF RELATIVE/FRIEND** \_\_\_\_\_  
(familiar/amigo)

**PHONE NUMBER OF RELATIVE/FRIEND** \_\_\_\_\_  
(numero de familiar/amigo)

**EMAIL ADDRESS:**

\_\_\_\_\_

**EMPLOYER**

(nombre de su trabajo)

\_\_\_\_\_

**ADDRESS**

(direccion)

**CITY**

(ciudad)

**ST.**

(estado)

**ZIP**

(codigo postal)

\_\_\_\_\_

**YOUR EMPLOYMENT**

**(Fill in Only If You Missed Work As A Result of Accident)**

**HOW LONG EMPLOYED** \_\_\_\_\_ **AVERAGE WEEKLY WAGE**

**\$** \_\_\_\_\_

**HOURS WORK PER DAY** \_\_\_\_\_ **FOREMAN'S NAME** \_\_\_\_\_

**NAME AND ADDRESS OF FELLOW EMPLOYEES WHO WILL BE GOOD WITNESSES  
ABOUT THE KIND OF WORK YOU DID.**

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**YOUR VEHICLE (MAKE)** \_\_\_\_\_ **(MODEL)** \_\_\_\_\_ **(YEAR)** \_\_\_\_\_

(su vehiculo)

(marca)

(modelo)

(ano)

**LCN PLATE #** \_\_\_\_\_

(# de placas)

**NOTE/LEAN HOLDER** \_\_\_\_\_

(nombre de financiamiento)

**INSURANCE** \_\_\_\_\_

(aseguransa)

**POLICY#** \_\_\_\_\_

(# de polisa)

**# PASSANGERS** \_\_\_\_\_

(# pasajeros en su vehiculo)

**NAMES OF PASSENGERS**

(nombres de pasajeros)

\_\_\_\_\_

\_\_\_\_\_

**INFORMATION ABOUT THE OTHER VEHICLE**  
**(Informacion Sobre el Otro Vehiculo)**

**OTHER VEHICLE (MAKE)** \_\_\_\_\_ **(MODEL)** \_\_\_\_\_ **(YEAR)** \_\_\_\_\_  
(el otro vehiculo) (marca) (modelo) (ano)

**DRIVER'S NAME** \_\_\_\_\_  
(nombre del conductor)

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
(direccion) (# telefono)

**LCN PLATE #** \_\_\_\_\_ **STATE** \_\_\_\_\_ **# OF PASSANGERS** \_\_\_\_\_  
(# de placas en el otro vehiculo) (estado) (# de pasajero en el otro vehiculo)

**INSURANCE** \_\_\_\_\_ **POLICY #** \_\_\_\_\_  
(nombre de aseguransa del otro vehiculo) (# de polisa)

**WHAT DID THE OTHER DRIVER SAY ABOUT WHY AND HOW THE ACCIDENT HAPPENED?** \_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF ACCIDENT** \_\_\_\_\_  
(lugar del accidente)

**POLICE INVESTIGATE (YES / NO) IF YES WHO WAS GIVEN A CITATION** \_\_\_\_\_  
(investigo la policia (si/no) si su respuest es si a quien se le dio una multa?)

**WITNESS NAME** \_\_\_\_\_  
(testigos)

**ADDRESS & PHONE #** \_\_\_\_\_  
(direccion/# telefono)

**IS YOUR VEHICLE DRIVABLE? (YES/NO) WAS YOUR VEHICLE TOWED? (YES/NO)**  
(au vehiculo es manejable? si o no) (se llevo una reca su vehiculo? si o no)

**DESCRIBE DAMAGE TO YOUR CAR AND COST OF REPAIR:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE DAMAGE TO OTHER CAR:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHERE IS YOUR VEHICLE NOW? (ADDRESS)** \_\_\_\_\_

(donde esta su vehiculo . direccion)

**BRIEFLY DESCRIBE THE ACCIDENT** (brevermente describa el accidente)

---

---

---

---

---

**WERE YOU TAKEN TO THE HOSPITAL? (YES/NO) IF YES, WHICH HOSPITAL?**

(fue llevado al hospital? si o no -si su respuest es si cual hospital?)

---

**ARE YOU CURRENTLY SEEING A DOCTOR? (YES/NO) IF YES, WHICH DOCTOR?**

(ud. esta viendo un doctor? si o no -si su respuest es si cual doctor?)

---

**BRIEFLY DESCRIBE INJURIES** (describa las heridas, o dolores)

---

---

---

---

---

**INVESTIGATION**

**DID YOU TALK TO ADJUSTER FOR OTHER SIDE?** \_\_\_\_\_

**WHAT IS HIS/HER NAME?** \_\_\_\_\_

**DID YOU SIGN ANY STATEMENT?** \_\_\_\_\_

**WHAT DID YOUR STATEMENTS SAY?** \_\_\_\_\_  
\_\_\_\_\_

**DID THEY OFFER YOU ANY MONEY? \_\_\_\_\_ HOW MUCH \$ \_\_\_\_\_**

**HAVE ANY PICTURES BEEN MADE? \_\_\_\_\_ BY WHOM? \_\_\_\_\_**

**PREVIOUS LEGAL HISTORY**

**HAVE YOU EVER BEEN PAID ANY MONEY ON ANY ACCOUNT OF ANY ACCIDENT OR INJURY?** \_\_\_\_\_

**IF YES, EXPLAIN GIVING DATES** \_\_\_\_\_  
\_\_\_\_\_

---

---

**HAVE YOU EVER EMPLOYED A LAWYER BEFORE?** \_\_\_\_\_

**IF YES, WHEN AND WHO** \_\_\_\_\_

**HAVE YOU EVER BEEN SUED**

**BEFORE?** \_\_\_\_\_ **IF YES, WHAT KIND OF**  
**CASE** \_\_\_\_\_

**PLEASE DO NOT CONTINUE BELOW. (FOR OFFICE USE ONLY)**

(Porfavor de no continuar de bajo.)

PIP INS. CO. \_\_\_\_\_ LIABILITY INS. CO. \_\_\_\_\_

CO. ADDR. \_\_\_\_\_ CO. ADDR. \_\_\_\_\_

ADJ. \_\_\_\_\_ ADJ. \_\_\_\_\_

POLICY # \_\_\_\_\_ POLICY # \_\_\_\_\_

CLAIM # \_\_\_\_\_ CLAIM # \_\_\_\_\_

TEL. \_\_\_\_\_ TEL. \_\_\_\_\_

FAX \_\_\_\_\_ FAX \_\_\_\_\_

**OFFICE NOTES**

**DATE:** \_\_\_\_\_

---

---

---

---

**DATE:** \_\_\_\_\_

---

---

---

---