

John A. Waller, Jr., Esq.

Attorney-at-Law

P.O. Box 160

Mount Rainier, MD 20712

(202) 750-0764 (P)

(202) 525-1979 (F)

John.Waller@attorneyjohnawaller.com

CLIENT INFO

Name _____
(Last) (First) (Middle)

DOB: _____ Sex: M ___ F ___

Place of Birth _____
(City) (County) (State) (Country)

Social Security Number: _____ Drivers License Number: _____ State _____

Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-Mail Address: _____ Cell Phone: (_____) _____

ACCIDENT INFO

Date of Accident: _____ Location of Accident: _____

Did you go to ER: (Y) / (N) If Yes; Which: _____

Name & Location of Primary Care Physician: _____

Did Police Arrive at Scene of Accident: (Y) / (N)

Did Police Issue You a Ticket: (Y) / (N)

Do you have Car Insurance: (Y) / (N) If Yes; With Whom/Policy Number: _____

Do you have Health Insurance: (Y) / (N) If Yes; With Whom/Policy Number: _____