

# The Law Firm

Calhoun Law, P.C.

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## **CLIENT INFORMATION** (Driver / Passenger / Pedestrian / Slip & Fall)

Name (Mr.) (Ms.) \_\_\_\_\_ (GAL \_\_\_\_\_) Dad/Mom

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

Interpreter \_\_\_\_\_ Phone \_\_\_\_\_ Language \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Spouse's Ph# \_\_\_\_\_

### **PRIOR ACCIDENTS?**

*MEDICAID / MEDICARE / HEALTH INSURANCE: GET COPY OF FRONT & BACK of CARD*

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Wage \_\_\_\_\_

## **VEHICLE INFORMATION**

Owner \_\_\_\_\_ Car Owner PH# \_\_\_\_\_

If client not owner, relationship to client \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Drivable? YES / NO

## **ACCIDENT INFORMATION**

*Report*

*number* \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m., p.m. Investigated by \_\_\_\_\_

Citation? YES / NO Location \_\_\_\_\_

Passengers \_\_\_\_\_

Witnesses \_\_\_\_\_

Description of Accident \_\_\_\_\_

### **INJURIES:**

Ambulance: \_\_\_\_\_ Hospital: \_\_\_\_\_ X-rays? YES / NO

**CHIRO:** \_\_\_\_\_ OTHER: \_\_\_\_\_ Lost Wages YES / NO

We refer to Chiro: NO / YES, where:

## **DEFENDANT INFORMATION**

Driver's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy number \_\_\_\_\_ Claim# \_\_\_\_\_

Adjuster \_\_\_\_\_ Ph# \_\_\_\_\_ Fax# \_\_\_\_\_

## **OTHER INSURANCE**

Client Vehicle Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Claim # \_\_\_\_\_ Agent/Adjuster \_\_\_\_\_

Med Pay Limit \$ \_\_\_\_\_ UM/UIM \_\_\_\_\_

## **OTHER HOUSEHOLD MEMBER INSURANCE**

Name \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_