

**DOUGLAS, LEONARD & GARVEY, P.C.**

**NEW HAMPSHIRE MOTORCYCLE ACCIDENT CHECKLIST**

**I. General Information**

Your Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Dependents Yes \_\_\_\_\_ No \_\_\_\_\_

<u>Names</u>	<u>Ages</u>	<u>Relationship</u>
_____		
_____		
_____		

Your Social Security Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Length of Time With Employer: \_\_\_\_\_

**II. Your Vehicle Involved in Accident**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Who owned the vehicle? \_\_\_\_\_

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If not your vehicle, did you have permission? \_\_\_\_\_

**III. Your Insurance Company**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Amounts of Bodily Injury Coverage \$ \_\_\_\_\_

Property Damage \$ \_\_\_\_\_ Medical Payments \$ \_\_\_\_\_

Collision \$ \_\_\_\_\_ Uninsured Motorist \$ \_\_\_\_\_

Amount of Deductible? \$ \_\_\_\_\_

**Please attach or mail us a copy of your policy.**

**IV. Details of the Accident**

Date of Accident \_\_\_\_\_

Address/Location of Accident \_\_\_\_\_

Describe how the accident occurred:

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**V. Damages to Vehicles**

Describe damage to your vehicle \_\_\_\_\_

\_\_\_\_\_

Describe damage to other vehicle \_\_\_\_\_

\_\_\_\_\_

Do you have photos of your vehicle? \_\_\_\_\_

**VI. Accident Scene**

Did the police respond to the scene? \_\_\_\_\_

If so, identify the Police Department and police officer \_\_\_\_\_

\_\_\_\_\_

Did you give a statement to the police? \_\_\_\_\_

Have you obtained a copy of the Police Report? \_\_\_\_\_

Was anyone given a summons or ticket for the accident? \_\_\_\_\_

Were there any witnesses? \_\_\_\_\_

If so, identify \_\_\_\_\_

\_\_\_\_\_

Did you speak with any witnesses at the scene? \_\_\_\_\_

If so, describe conversation:

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Did you speak to the driver of the other vehicle? \_\_\_\_\_

If so, describe conversation:

**VII. Other Driver's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

Make and Model of Vehicle Involved in Accident \_\_\_\_\_

\_\_\_\_\_

**VIII. Injuries From Accident**

Describe your injuries:

Were you taken by ambulance? \_\_\_\_\_

If so, what hospital were you taken to? \_\_\_\_\_

\_\_\_\_\_

If you were not taken by ambulance, when did you first get medical attention? \_\_\_\_

\_\_\_\_\_

What was your diagnosis? \_\_\_\_\_

\_\_\_\_\_

Were you prescribed any medications? \_\_\_\_\_

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Did you see your primary care physician for accident-related injuries? \_\_\_\_\_

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Identify your primary care physician \_\_\_\_\_

What medical treatment did you receive from your primary care physician  
for accident-related injuries?

Has any medical provider told you that your injuries are permanent? \_\_\_\_\_

If so, identify the medical provider \_\_\_\_\_

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Provide the date of your last medical treatment for the accident \_\_\_\_\_

**IX. Limitations/Restrictions As a Result of Accident**

Describe any limitations or restrictions you have experienced since the accident:

**X. Previous Motor Vehicle Accidents**

Have you been injured in any previous motor vehicle accidents? \_\_\_\_\_

Dates of other accidents \_\_\_\_\_

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Describe previous injuries:

Describe medical attention received for those injuries:

**XI. Complete Prior Medical History**

In order to investigate your motorcycle accident case, it is important that we have a complete medical history. This includes all operations, workers' compensation injuries, other injuries or medical problems that you have had in the past including the dates of such injuries or medical problems and the names of all doctors or health care providers who treated you. This remains confidential.

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**XII. Criminal History**

Please list for our eyes only, all motor vehicle or criminal charges, arrests or convictions you have ever had. If none, say so:

**XIII. Economic Losses Following Accident**

Did you miss time from work because of accident-related injuries? \_\_\_\_\_

How many days did you miss from work? \_\_\_\_\_

Provide the dates you missed from work \_\_\_\_\_

Date you returned to work \_\_\_\_\_

Did you get paid while missing work? \_\_\_\_\_

Did you use sick or vacation time while missing work? \_\_\_\_\_

Return to:

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