

THE BONAR LAW GROUP

Preparing for a Statement

Whenever our client is asked to give a personal statement regarding the recount of the accident, many of our clients ask what will be asked and how they should answer. We, at the The Bonar Law Group feel that our clients must only give truthful statements and firm statements regarding the accident. However, this is a list of what **may** be asked of you, questions may vary. Some questions may be unlisted, so please do your best to remember facts and relevant information regarding the accident.

Date of Scheduled Statement: _____

If you feel as if you may need a foreign language interpreter, please inform your case manager from the Bonar Law Group and we will do our best to provide you with one for your statement.

- ☞ What is your full name.
- ☞ Your Address, Date of Birth, Personal Information
- ☞ Last known addresses in the last 5-8 years.
- ☞ Your Driver's License & Social Sec. #
- ☞ Date that the accident happened & time (am/pm)
- ☞ Location of the accident (City & Street)
- ☞ Direction & Street you were travelling
- ☞ Direction & Street the other driver was traveling
- ☞ Where you going?
- ☞ Did you have any passengers with you? How many?
 - If yes, please give names.
 - Did the other party have passengers? How many?
- ☞ Did the other car have passengers? How many?
- ☞ How fast were each of you travelling?
- ☞ Were you wearing your seatbelt?
- ☞ How did the accident occur?
- ☞ What was the damages to your vehicle? Explain how you were hit or touched by the other vehicle.
- ☞ What was the damages on the others' vehicle? Did you notice?
- ☞ Did you pull over? Where?
- ☞ How did you exchange information?
- ☞ Describe the physical attributes of the person who hit you?
- ☞ Did anyone admit to any fault? Or Any Wrong?
- ☞ Did anyone witness this accident? If so, names?
- ☞ Did you or the police get any of the witness' information?
- ☞ Were there any immediate fatal injuries? (*Serious injuries, death and/or broken bones*)
- ☞ Were other people hurt? If so, state who was injured due to this accident. (your passengers, their passengers or bystanders)
- ☞ How many impacts did you feel? (**HITS/IMPACTS**)
- ☞ Was the police or Highway Patrol called? What city?
 - Why did you not call the police after the accident?
 - If yes, who called and why?
- ☞ Was a report filed with the police?
- ☞ Did the police fill out any paperwork at the scene of the accident?
- ☞ Did the police know that you had passengers?
- ☞ Have you received a copy of the police report, if there was one made?
- ☞ Who do you feel is at fault and why?
- ☞ Were there any medical emergency crew who arrived at the scene?
 - If so, state who came & who was treated or transported?
- ☞ After the accident, were you able to drive your car?
- ☞ Did you arrive at your destination goal or go home? Where did you go? (to your destination, hospital, doctor or home?)
- ☞ Did you go to the hospital or doctor right after the accident?
 - If so, why? Where and when? Hospital Name?
 - If you did not, why didn't you see a doctor if you are claiming that you were injured?
 - How long did it take before you felt any pain?
- ☞ Are you currently or have sought treatment for this accident? (*Chiropractic Help, Physical Therapy or Hospital Emergency?*)
 - If so, what is the name of the establishment? Where? Address? Phone #? Doctor's Name?
- ☞ How did you hear of this medical establishment?
- ☞ How often did you visit the doctor? (how many times a week?)
- ☞ How often did you get to see the actual doctor?
- ☞ What is the doctor's name? (Some even ask what the doctor looks like and whether he was present).
- ☞ Did the doctor ever tell you what injuries you suffered from? If so, state what his diagnosis & opinion.
- ☞ From a scale from **0-10** (0 = no pain, 10 = extreme pain) how much pain were you experiencing?
- ☞ How long was each doctor's visit? (minutes/hours)
- ☞ Your visits consisted of what kind of treatments? (*hot/cold packs, electro muscle stimulation, manipulation, massage, etc...*)
- ☞ Did the doctor recommend any exercise programs or other therapy for your injuries? Did you do them?
- ☞ What other physical activities do you do? (*basketball, gym, swimming, etc...*) Where do you play or perform these activities? Has this accident affected those activities? HOW? & WHY?
- ☞ How did it make you feel?
- ☞ How are you feeling now?
- ☞ When did you retain an attorney for this accident?
- ☞ How were you referred to this Law Office? By whom?
- ☞ Did you miss any days of work due to this accident? If so, how many days and what were your employer's thoughts.
 - Can you provide proof from your employer for the days you missed work? Ask your case manager for **Loss of Wage Verification Form** (downloadable on our web site).
- ☞ Describe your daily routine activity at work? Does your work require a lot of physical activities? How are you affected?
- ☞ Have you ever been into any accidents before?
 - If so, state WHEN (Month & Year)- what happened? Did you claim? Physical Injuries?
- ☞ Do you have anything else important you think you may want to add to your statement?
 - Here, if the other party admitted to fault or corroborating witness' statements, please state what was said and done.
 - This is your chance to say or add important facts that were not asked of you.