

Law Office of Clayton C. Ikei

Intake Questionnaire

Personal Injury Cases _____

CONTACT INFORMATION

Y O U	Name:		
	Home Address:		
	Work Address:		
	<input type="checkbox"/> Home:	<input type="checkbox"/> Pager/Cell:	<input type="checkbox"/> Work:
	Email:		Okay to call ? <input type="checkbox"/> Yes <input type="checkbox"/> No
C O N T A C T	<i>Please give us contact information about a person who will always know how to contact you.</i>		
	Name:		Relationship:
	Address:		
	<input type="checkbox"/> Home:	<input type="checkbox"/> Pager/Cell:	<input type="checkbox"/> Work:
	Email:		Okay to call ? <input type="checkbox"/> Yes <input type="checkbox"/> No

ABOUT THE ACCIDENT

Accident Date:	Location:
Time of Day:	Weather/Lighting Conditions:
Traffic Conditions:	
Y O U	Occupants of your car:
	Your relationship to others in your car:
	Describe your car:
	How did the accident occur: <i>(Please includes paths of vehicle(s) or pedestrians and be as detailed as possible.)</i>
	<i>(Continue on back if necessary)</i>
O T H E R	Accident involved: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Automobile <input type="checkbox"/> Other
	Please describe Other:
	Name of other party:
	Other occupants of his/her vehicle:
	Name of insurance carrier:

WITNESSES

O N E	Name:		
	Address:		
	<input type="checkbox"/> Home:	<input type="checkbox"/> Pager/Cell:	<input type="checkbox"/> Work:
	Email:		Okay to call ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What did this witness observe or say:		
T W O	Name:		
	Address:		
	<input type="checkbox"/> Home:	<input type="checkbox"/> Pager/Cell:	<input type="checkbox"/> Work:
	Email:		Okay to call ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What did this witness observe or say:		
T H R E E	Name:		
	Address:		
	<input type="checkbox"/> Home:	<input type="checkbox"/> Pager/Cell:	<input type="checkbox"/> Work:
	Email:		Okay to call ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What did this witness observe or say:		

(Please provide the same information for other witnesses if they exist.)

INJURIES

Y O U	Were you injured?	
	Nature of the injuries?	
	Did you seek medical treatment?	
	From whom?	
O T H E R 1	Name or description of other injured party:	
	Nature of the injuries	What they said:
		What you observed:
	Treated by ambulance or paramedics?	

O T H E R 2	Name or description of other injured party:	
	Nature of the injuries	What they said:
		What you observed:
	Treated by ambulance or paramedics?	

LIABILITY

Did anyone admit fault or responsibility for the accident?
What did that person say?

Please mail to: The Law Office of Clayton C. Ikei
Pacific Guardian Tower
1440 Kapiolani Boulevard, Suite 1203
Honolulu, Hawaii 96814

FAX: (808) 521-7245

*If you have questions, please telephone our office at
(808) 533-3777 for assistance
or contact us via e-mail at CCIOffice@hawaii.rr.com*