

Product Liability Intake Form

Date of the Accident: _____

Name, address, and phone number of the client and/or contact: _____

Year, make, and model of the vehicle/product: _____

Purchased new or used and from where: _____

Summary of the Accident: _____

Client's injuries and current medical bills: _____

Where was the client sitting? _____

Was the client wearing his/her seat belt? _____

Did the airbags deploy? _____

Has the evidence been preserved? _____

What insurance company is handling the property damage claim? (Obtain contact information for adjuster):

What is the current location of the vehicle/product? (Obtain contact information for location):

Is there a crash report? (Obtain contact information for location): _____

Are there scene and vehicle photographs? (If so, obtain): _____

Questions or concerns during intake? Please don't hesitate to contact us for advice.

