

## 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.**

