

**PERSONAL INJURY INTERVIEW QUESTIONNAIRE**

INTERVIEW DATE: \_\_\_\_\_ INTERVIEW BY: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ TIME OF DAY: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ DAY OF WEEK: \_\_\_\_\_

INTERPRETER YES \_\_\_\_\_ NO \_\_\_\_\_ STATUTE OF LIMITATION  
EXPIRES: \_\_\_\_\_

WORK REQUIRED IMMEDIATELY: \_\_\_\_\_

PLAINTIFF (S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: MALE \_\_\_\_\_  
FEMALE \_\_\_\_\_

D.O.B. \_\_\_\_\_

S.I.N. \_\_\_\_\_  
M.S.P. \_\_\_\_\_

\*IF INFANT - PLACE OF BIRTH \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

**I.C.B.C. CLAIM INFORMATION:**

Claim Number: \_\_\_\_\_ Adjuster: \_\_\_\_\_

Claim Centre: \_\_\_\_\_

**PLAINTIFF VEHICLE INFORMATION:**

Driver: \_\_\_\_\_ R.O. \_\_\_\_\_

Plate Number/Year/Make/Model: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DEFENDANT VEHICLE INFORMATION:**

Driver(s): \_\_\_\_\_

Age: \_\_\_\_\_ R.O. \_\_\_\_\_

Plate Number/Year/Make/ Model: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver(s) Licence Number: \_\_\_\_\_

**LOCATION OF MOTOR VEHICLE ACCIDENT: (Street/Highway/City)**

\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF COLLISION: (Directions of each vehicle/lanes/point movement of vehicles at and after impact).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIAGRAM OF HOW ACCIDENT HAPPENED:**

**PLAINTIFF WAS:**

DRIVER: \_\_\_\_\_ PASSENGER \_\_\_\_\_ PEDESTRIAN \_\_\_\_\_ CYCLIST \_\_\_\_\_

SPEEDS: Plaintiff: \_\_\_\_\_  
Defendant: \_\_\_\_\_

TRAFFIC CONTROL DEVICES: \_\_\_\_\_

WEATHER/VISIBILITY: \_\_\_\_\_

AVOIDABILITY:

\_\_\_\_\_

SEATING IN VEHICLE AND  
AND USE OF SEAT BELTS:  
(Seat belt witnesses  
where required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOVEMENT OF BODY INSIDE  
VEHICLE AT IMPACT:

\_\_\_\_\_

VEHICLE DEFECTS:

\_\_\_\_\_

STATEMENTS AT SCENE OR AFTER MVA (Plaintiff/Defendant/Witnesses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESSES: (Name/Address/Telephone Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POLICE ATTENDANCE: \_\_\_\_\_

AMBULANCE: \_\_\_\_\_

CHARGES: \_\_\_\_\_

IMPAIRED: \_\_\_\_\_

**ICBC INFORMATION AND SUPPLEMENTARY INSURANCE INFORMATION**

STATEMENT TO ICBC \_\_\_\_\_

SIGNED \_\_\_\_\_

A/B FORM (Part VII) \_\_\_\_\_

HIT/RUN NOTIFICATION (section 23) (6 months limitation) (When/Where/To Whom)

\_\_\_\_\_

AUTHORIZATION TO ICBC (Medical/Salary Information) \_\_\_\_\_

VEHICLE DAMAGE CLAIM: When Settled \_\_\_\_\_ Deductible Paid \_\_\_\_\_

AMOUNT OF DAMAGE:  
\_\_\_\_\_

**DISABILITY INSURANCE OTHER THAN ICBC (Through Work or Private Plan)**

Name of Carrier \_\_\_\_\_

Type of Program \_\_\_\_\_

Amount Paid to Date \_\_\_\_\_ Date Payments Start \_\_\_\_\_

UIC ELIGIBILITY  
UIC Sick Benefits  
Applied For (Date) \_\_\_\_\_

UIC Paid to Date \_\_\_\_\_

**ICBC PART VII BENEFITS AND ADVANCES PAID TO DATE**

Date Part VII Benefits  
Applied for (Date) \_\_\_\_\_

ICBC ADVANCES PAID TO  
DATE (Amounts and  
Dates Paid) \_\_\_\_\_  
\_\_\_\_\_

OFFERS TO SETTLE \_\_\_\_\_

SPECIALS TO ICBC  
(For What/ When Paid?  
monies Still Owing/  
Special Not  
Prescription) \_\_\_\_\_  
\_\_\_\_\_

ICBC DETERMINATION OF  
LIABILITY \_\_\_\_\_

**WORKERS' COMPENSATION BOARD INFORMATION**

PLAINTIFF WORKING YES \_\_\_\_\_ NO \_\_\_\_\_

DEFENDANT WORKING YES \_\_\_\_\_ NO \_\_\_\_\_

**INJURIES**

INJURIES OTHER THAN  
PLAINTIFF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLAINTIFF INJURIES  
AT SCENE OF ACCIDENT  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENTLY (DATE OF  
INTAKE)

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AMBULANCE/EMERGENCY

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MEDICAL TREATMENT  
(Hospitals/Doctors/  
Physiotherapy/IME'S)

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PRIOR INJURIES  
(MVA'S/Prior Relevant  
Medical Conditions)

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SUBSEQUENT INJURIES  
(MVA'S/Subsequent  
Relevant Medical  
Conditions)

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**EMPLOYMENT AT TIME OF ACCIDENT:**

PRESENT EMPLOYER (Name/Address/Telephone)

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DATED HIRED

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JOB TITLE

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RATE OF PAY  
(Paid Hourly/  
Weekly/Etc.)

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HOURS WORKED PER DAY/DAYS  
PER WEEK

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OVERTIME AND SHIFT  
DIFFERENTIAL

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HOLIDAY PAY RATE

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LAYOFFS OR STRIKES

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SUPERVISOR

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AMOUNT OF WORK MISSED  
TO DATE

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PREVIOUS ATTENDANCE RECORD

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HOLIDAYS TAKEN AS SICK DAYS

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PRIOR EMPLOYMENT

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INCOME TAX RETURN FILED

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**EDUCATION AND CAREER GOALS**

EDUCATION

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ACTIVITIES:

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WORK RELATED

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RECREATIONAL/SPORTS

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DAILY ACTIVITIES  
AROUND HOME

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