

*Law Offices of*  
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**CLIENT:** \_\_\_\_\_ **DATE OF LOSS:** \_\_\_\_\_ **TIME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PH.#/cell** \_\_\_\_\_

\_\_\_\_\_ **Email** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **PRIOR BI CLAIMS:** \_\_\_\_\_ **(DATE) REF. BY** \_\_\_\_\_

**FACTS OF ACCIDENT:**

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

\_\_\_\_\_ **PR NO.** \_\_\_\_\_

**PASSENGERS:** Y/ N **INJURED:** Y/ N **WITNESS NAMES/PH#** \_\_\_\_\_

**TYPE OF CLAIM:** 3rd Party / PIP / Med Pay/ U-M / Other Medical Ins. \_\_\_\_\_

**WAGE LOSS:** Y/ N **AMOUNT:** \_\_\_\_\_/HR **TOTAL HOURS:** \_\_\_\_\_

**TREATMENT FAC:** \_\_\_\_\_

**CONTACT/PH #** \_\_\_\_\_

**NO. OF TREATMENTS:** \_\_\_\_\_ **MED. SPECIALS** \_\_\_\_\_ **DATE RELS** \_\_\_\_\_

**EVALUATION/PROGNOSIS:**

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

CLIENT'S VEH: \_\_\_\_\_ AMT OF PD \_\_\_\_\_ (paid Y/N)

CLIENT'S INS. \_\_\_\_\_ Pol. No. \_\_\_\_\_

CLAIM NO. \_\_\_\_\_ ADJ/PH # \_\_\_\_\_

**DEFENDANT NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DEFENDANT VEH:** \_\_\_\_\_ **AMT PD** \_\_\_\_\_

**INSURANCE CO** \_\_\_\_\_ **CLM NO:** \_\_\_\_\_

**ADJ NAME/#** \_\_\_\_\_ **LIMITS:** \_\_\_\_\_

**DEMAND AMOUNT:** \_\_\_\_\_ **DATE SENT:** \_\_\_\_\_ **EXP.** \_\_\_\_\_

**FIRST OFFER** \_\_\_\_\_ **DATE** \_\_\_\_\_ **SECOND OFFER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**THIRD OFFER** \_\_\_\_\_ **DATE** \_\_\_\_\_ **FINAL OFFER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_