



THE LAW OFFICES OF  
**Gregory K. Kornegay**  
ATTORNEY AT LAW

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Attached to this letter you will find an Interview Form (Accident Injury Case Evaluation). Complete the form in as much detail as you can. Please remember the following:

1. **The most important part of an accident injury case is your credibility. Evidence is important to support your version of what happened and also to establish damages. Please provide information on your medical treatment and potential witnesses.**
2. It is important to establish early on if you were at fault for your injury because of the law of contributory negligence.
3. **SEND THE COMPLETED FORM TO US AT:**

**MAIL:**

Gregory Kornegay  
P.O. Box 900  
Wilmington, N.C. 28402; or

**FAX:** (910) 763-5677; or

**EMAIL:** [gkornegay@aol.com](mailto:gkornegay@aol.com)

Sincerely,

GREGORY K. KORNEGAY

**Gregory K. Kornegay, Attorney At Law**

P.O. Box 900, Wilmington, NC 28402

Office: 910-763-5757, Fax: 910-763-5677, Email: [gkornegay@aol.com](mailto:gkornegay@aol.com)

myattorneygreg.com

**Accident Injury Case Evaluation**

Name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social security number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Mobile phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail address \_\_\_\_\_

Best method to reach you \_\_\_\_\_

Best times to reach you \_\_\_\_\_

Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Number of children \_\_\_\_

If married, spouse's name \_\_\_\_\_

On what date did your injury occur? \_\_\_\_/\_\_\_\_/\_\_\_\_

Where did your injury occur? City \_\_\_\_\_ State \_\_\_\_ County \_\_\_\_\_

How did your injury occur?

- Car accident
- Truck accident
- Motorcycle accident
- Pedestrian accident
- Slip or trip and fall
- Animal bite or attack
- Assault and battery
- Defective premises
- Water-related accident
- Other \_\_\_\_\_

Describe how your injury occurred. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who do you believe caused or is responsible for your injury, and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you believe that you were at fault in any way for your injury, if so, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your injury(ies). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all doctors and other health care providers who have treated your injuries, including their names, addresses, and telephone numbers.

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Total medical expenses incurred to date to treat your injuries: \$ \_\_\_\_\_

Total medical expenses you expect to incur in the future: \$ \_\_\_\_\_

List the names, addresses, and telephone numbers of all insurance companies that may be involved (including, as applicable, automobile insurer, health insurer, disability insurer, homeowner's insurer, etc.).

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Have you lost income as a result of your injuries? Yes \_\_\_ Amount \$ \_\_\_\_\_ No \_\_\_

Income before injury \$ \_\_\_\_\_ per \_\_\_\_\_

Income after injury \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Employer's address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you currently working? Yes \_\_\_ No \_\_\_ Expect to return to work on \_\_\_/\_\_\_/\_\_\_

Will not return to work \_\_\_\_\_

Are you in pain? If so, describe. \_\_\_\_\_

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Describe any other ways in which your life has changed as a result of your injuries. (For example, you are no longer able to engage in athletic activities, your appearance has changed, you cannot care for your children, etc.)

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If married, has your spouse experienced any losses as a result of your injury? If so, describe.

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List the names, addresses, and phone numbers of any possible witnesses in your case.

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Have you previously consulted an attorney regarding your case? Yes \_\_\_\_ No \_\_\_\_  
If yes, provide the attorney's name(s), the firm name(s), the address(es), and the telephone number(s). \_\_\_\_\_

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Is your relationship with the attorney ongoing? Yes \_\_\_\_ No \_\_\_\_  
Has an attorney declined to represent you in this matter? Yes \_\_\_\_ No \_\_\_\_  
If yes, why? \_\_\_\_\_

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Questions you have about your case: \_\_\_\_\_

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