PERSONAL INJURY PROGRESS REPORT

File Name _____

File Number _____

Date of Report _____

Defendant's Liability Insurance Coverage

Name of Carrier _____

Address of Carrier _____

Name of Adjustor _____

Telephone Number _____

Amount of Coverage $ _____

Plaintiff's Insurance Coverage

Name of Carrier _____

Address of Carrier _____

Name of Adjustor _____

Telephone Number _____

Amount of Medical Payments $
Coverage   _____

Amount of UM/UIM Coverage $ _____

Medical Care Providers

Name of Carrier _____

Address of Carrier _____

Telephone Number _____

Name of Carrier _____

Address of Carrier _____

Telephone Number _____

Name of Carrier _____

Address of Carrier _____

Telephone Number _____

Name of Carrier _____

Address of Carrier _____

Telephone Number _____

Bills/Records Requested from   _____

Date Bills/Records Requested   _____

Date Bills Received   _____

Date Records Received   _____

Bills/Records Requested from   _____

Date Bills/Records Requested   _____

Date Bills Received   _____

Date Records Received   _____

Bills/Records Requested from   _____

Date Bills/Records Requested   _____

Date Bills Received   _____

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Date Bills/Records Requested   _____

Date Bills Received   _____

Date Records Received   _____

Bills/Records Requested from   _____

Date Bills/Records Requested   _____

Date Bills Received   _____

Date Records Received   _____

Subrogation Claims and Letters of Protection

1. _____
2. _____
3. _____
4. _____
5. _____

Summary Injuries

1. _____
2. _____
3. _____
4. _____
5. _____

Summary of Treatment

1. _____
2. _____
3. _____
4. _____
5. _____

Prior Injuries

Description   Date

1. _____   _____

2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____

Police Report

Date Requested _____ Date Received _____

Liability

Other Findings _____

_____

_____

Property Damage

Description _____

_____

_____

_____

Cost of Repair $ _____

Lost Wages

Days Missed from Work _____

Daily Rate of Pay $ _____ per _____

TOTAL $ _____

Other Significant Information

_____

_____

_____

_____

_____

To Do List

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____