

PERSONAL INJURY CLAIM FORM

POLICY INFORMATION

Policy Number: INJ-2024-987321

Claimant Name: Maria Garcia

Date of Birth: 03/15/1985

INCIDENT DETAILS

Date of Incident: 09/01/2024

Location: Public sidewalk, 5th Avenue, New York, NY

Type of Incident: Slip and Fall

Conditions: Wet surface, no warning signs

INJURIES SUSTAINED

Primary Injury: Fractured left wrist

Secondary Injuries: Bruised hip, minor head contusion

Medical Treatment: Emergency room, orthopedic surgeon consultation

Hospital: Mount Sinai Hospital, New York

MEDICAL COSTS

Emergency Room: \$4,500

Surgery/Treatment: \$18,000

Follow-up Care: \$3,500

Lost Wages: \$6,000 (4 weeks)

TOTAL CLAIM AMOUNT

Total Claimed: \$32,000

Witness Statements: 3 witnesses