

Patient Information

| Personal Information | | | |
|----------------------|-----------------------------|----------------|----------------------------|
| First Name | EMILY | Middle Name | - |
| Last Name | EDWARDS | D.O.B | 01/24/2003 |
| Gender | Female | Address | 423 SOUTH FULLTON AVE APT3 |
| City | MOUNT VERNON | State | NEW YORK |
| Cell Phone # | 347-206-6391 | Home Phone | 718-881-5845 |
| Work | - | Zip | 10553 |
| Email | - | Extn. | - |
| Attorney | DOMINICK LAVELLE | Case Type | No-Fault |
| Attorney Address | 100 HERRICKS ROAD SUITE 201 | Attorney Phone | 800-745-4878 |
| Case Status | OPEN | SSN | - |

| Insurance Information | | | |
|-----------------------|-----------------|--------------|---------------------|
| Policy Holder | - | Name | LIBERTY MUTUAL INS. |
| Address | P.O. Box# 1052 | City | Montgomeryville |
| State | PENNSYLVANIA | Zip | 18936-1052 |
| Phone | 800 245-1700 | Fax | - |
| Contact Person | - | Claim File # | 034381648 |
| Policy # | AOS228001979405 | | |

| Accident Information | | | |
|----------------------|------------|--------------------|-----------|
| Accident Date | 09/14/2016 | Plate Number | - |
| Report Number | - | Address | - |
| City | - | State | - |
| Hospital Name | - | Hospital Address | - |
| Date of Admission | - | Additional Patient | - |
| Describe Injury | - | Patient Type | Passenger |

| Employer Information | | | |
|-------------------------|---|---------|---|
| Name | - | Address | - |
| City | - | State | - |
| Zip | - | Phone | - |
| Date of First Treatment | - | Chart # | - |

| Adjuster Information | | | |
|----------------------|---|-------|---|
| Name | - | Phone | - |
| Extension | - | Fax | - |
| Email | - | | |