

WAGNER, JONES, KOPFMAN & ARTENIAN LLP

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CAMP FIRE QUESTIONNAIRE

Referred By: _____ **Date:** _____

Name: _____

Address: _____

Phone Number: (_____) _____

Email: _____

DOB: _____

Nature of Losses: _____ **Personal Property Loss**

_____ **Personal Injury**

_____ **Wrongful Death of a Family Member**

Insurance Coverage: _____

Summary of Events

Fresno

San Diego

Lake Tahoe

Emphasis in Personal Injury Practice Since 1978

