

# INFORMATION WE NEED IF YOU'RE THE VICTIM OF A DOG BITE

We work as a team with our clients towards a shared goal: getting them maximum compensation for their injuries, as quickly as possible. When you hire McGee Lerer Ogrin, after a dog attack, we want to move forward with the claim without delay. You can help us to do that by providing the information below. The more information you can provide at the outset, the more quickly we can move towards resolution of your claim.

## Your Information

- Name, address, telephone number
- Email address
- Date of birth
- Do you have health insurance? Name of health insurance company

## Facts of Dog Bite Incident

- Date and time
- Location of dog attack
- If dog attack occurred on private property: property owner's name, address & telephone number
- Brief description of what happened
- Was the dog on a leash?

## Dog & Dog Owner's Information (if you know)

- Dog's breed
- Dog's approximate weight
- Dog owner's name, address and telephone number
- Did the dog owner have homeowner's or renter's insurance? If yes, we need the insurance company's name and policy number

**Dog Bite Report:** Did an animal control or law enforcement agency take a report? If yes, we need the report number and agency's telephone number and location.

**Witnesses:** Name, address and telephone number of all witnesses.

**Did any of your family members witness the dog attack?** Family members who witnessed the attack may be able to make a claim for the emotional trauma they suffered.

**Video of Incident:** Was the dog attack captured by surveillance video? If yes, we need to obtain the footage before it is recorded over.

**Injuries:** Complete list of injuries you suffered, including location and number of dog bite wounds

**Photographs:** Do you have any photos of your wounds? The dog? The scene of the incident?

**Medical Treatment:** Name, telephone number, and dates of treatment for all medical providers you saw as a result of the dog attack

**Lost Wages:** If you had to take or will be taking time off work due to your injuries, we will need to contact your employer to request documentation of your loss of earnings

- Employer's name and telephone number
- Your job title
- Your job duties
- Rate of pay
- Dates off work due to your injuries

**Prior injury Claims:** Before this dog bite incident, did you ever make an injury claim? If yes:

- Date of prior injury
- Type of accident
- Injuries suffered