



## **RED HILL VALLEY PARKWAY QUESTIONNAIRE**

### **MESSAGE TO ALL RHVP POTENTIAL NEW CLIENTS**

Please be advised that we are collecting your information to determine if you will fit within one of the classes which will be defined by an Ontario Superior Court Judge in the future. We will do our utmost to ensure that as many parties as possible are included in the class action proceedings. At this time, we are not going to open an individual file on your behalf. We will place you in our group of individuals who should meet the class as defined within the class action litigation.

We will keep you informed through an email from [redhill@grossohooperlaw.ca](mailto:redhill@grossohooperlaw.ca). If you have any further inquiries, please email us at the above email.

### **Documents Needed**

- Full copy of the MVA report/incident report
- Full copy of the traffic ticket and any documents/invoices related to same
- All insurance papers they are in receipt of i.e. property damage, proof of auto insurance increase
- A copy of any out-of-pocket receipts and/or invoices paid by you.

### **Part I - Information**

Name:

Address:

City:

Postal Code:

Telephone

Home:

Mobile:

Work:

Other:



Email:

Date of Birth:

Referred by:

## **Part 2 - Motor Vehicle Accident Details**

Date of Accident:

**Location of Accident:** (If the accident occurred on the LINC please advise we are only pursuing accidents that occurred on the Red Hill Valley Parkway between Mud St W and QEW)

Which direction were you going?

North

South

Where did the accident occur?

Roadway

Ramp

Description of accident:

What was your involvement in the accident?

Driver

Passenger

(If the individual was a passenger continue to [Part 5](#))



Was there a Motor Vehicle Accident Incident Report?

Yes

No

Were you charged/given a traffic ticket?

Yes

No

What did you do about the ticket i.e. simply paid the ticket or hire a lawyer?

What lawyer did you use and how much did you pay for the lawyer and for the ticket?

Did the ticket increase your auto insurance?

Yes

No

If yes, by how much?

Had you consumed alcohol or drugs before the accident?

Yes

No

### **Part 3 - Vehicle Details**

Was there property damage i.e. vehicle damage, contents, etc. and how much?



Did you or your auto insurer pay for the property damage? If you paid, how much was it?

Who is your auto insurer?

If your insurer paid for the property damage, did you pay a deductible and if yes, how much?

#### **Part 4 - Personal Injury Details**

Were you injured?

Yes

No

What are your injuries?

Did you seek treatment i.e. hospital, family physician, physiotherapist, chiropractor, psychologist, massage, OT, medication?

#### **Part 5 - Passenger Injury Details**

Were you injured?

Yes

No



Grosso Hooper Law

Were you compensated for your injuries?

Yes

No

Who was your lawyer?

Need help filling out this form? Please contact Grosso Hooper Law at 905-522-9002. If you have completed this form, please email to [redhill@grossohooperlaw.ca](mailto:redhill@grossohooperlaw.ca)