

Personal Injury Initial Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Company/Insurance Name]

[Address]

[City, State, Zip Code]

Subject: Initial Assessment of Personal Injury Claim

Dear [Recipient's Name],

I am writing to formally initiate the assessment process for my personal injury claim resulting from the incident that occurred on [Insert Date of Incident]. I have outlined the details below for your review:

Incident Details:

- **Date of Incident:** [Insert Date]
- **Location of Incident:** [Insert Location]
- **Type of Incident:** [Brief Description]

Injuries Sustained:

- [Injury 1: Description]
- [Injury 2: Description]
- [Injury 3: Description]

Treatment Received:

- [Treatment 1: Description, Date]
- [Treatment 2: Description, Date]
- [Treatment 3: Description, Date]

I have also attached relevant documents, including medical reports and bills, photographs of the injury, and any other necessary information regarding the incident.

Please let me know the next steps in this process and how we can move forward. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,
[Your Name]